



OFFICE OF GENERAL COUNSEL

(used as example—each department insert mark here)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT

Name (Last, First Middle)

Date of Birth

I hereby acknowledge that I was given a copy of the Notice of Privacy Practices that describes how my private health information is used and disclosed.

Signature of individual or representative

Date

If representative, relationship to patient (parent, guardian, etc)

ADMINISTRATIVE USE ONLY

If patient declines to sign, staff should document below:

I provided the Notice of Privacy Practices to the patient or his/her Legally Authorized Representative on this date.

Name and Title

Date

PLACE COMPLETED FORM IN INDIVIDUAL'S MEDICAL RECORD.