



## About Our Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this Notice.
- The person to contact for further information about our privacy practices.

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy of this notice.

### Patient Acknowledgement of Receipt

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_

Patient's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Patient's representative (if applicable)

\_\_\_\_\_

Date

\_\_\_\_\_

Description of Legal Authority to Act on Behalf of Patient

\_\_\_\_\_

Date

### Office Use Only:

I attempted a good faith effort to obtain the patient's signature to acknowledge receipt of the Notice of Privacy Practices, but was unable to do so.

\_\_\_\_\_

Date

\_\_\_\_\_

Initials

\_\_\_\_\_

Reason