

PRIVACY NOTICE ACKNOWLEDGEMENT

To our Patients:

Federal law requires that we provide you with a copy of our Privacy Notice.

The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice.

If you have questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officer is listed on the copy of our Privacy Notice.

Patient Name: _____ Date of Birth _____

Patient to complete this section:

I have received a copy of the Privacy Notice for this organization on today's date.

Signed _____ Date _____

If patient is unable to acknowledge receipt, staff member providing notice to complete this section:

The Privacy Notice was provided to:

Patient Name: _____ *On:* _____

The patient was unable to acknowledge receipt of the Privacy Notice for the following reason:

Signed _____ Date _____