



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 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 Office is listed on your copy of the Privacy Notice.

Patient Name: _____ Date of Birth: _____

Signature Required

Patient to complete this section

I have been offered and/or 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: _____

File this form in the patient's chart