Acknowledgement That Notice Of Privacy Practices Was Given

PATIENT

Name (Last, First Middle)

Date of Birth

Record Number

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

Signature of individual or representative

(if representative, relation to patient)

Date

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.

Signature

Title

Date

Place completed form in Individual's Medical Record.