



A Notice of Privacy Practices is provided to all patients. The Notice of Privacy Practices identifies: 1) How Medical information about you may be used or disclosed; 2) Your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information and request additional restrictions on our uses and disclosures of that information; 3) Your rights to complain if you believe your privacy rights have been violated; 4) Our responsibilities for maintaining the privacy of your medical information.

The undersigned certifies that he/she has read the foregoing, received a copy of the Joint Notice of Privacy Practice (NPP) and is the patient or the patient's personal representative.

Patient Signature

Print Name

Name of Patient's Personal Rep.

Relationship of Personal Rep to Patient (if applicable)

If applicable, reason patients written acknowledgement could not be obtained:

Signature of staff completing above section

Printed Name