What is the Notice of Privacy Practice?

It is a HIPAA-mandated notice that covered entities must give to patients and research subjects that describes how a covered entity may use and disclose their protected health information, and informs them of their legal rights regarding PHI

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the hospital and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information and genetic information.

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

Signature- Below, patient signs on the blue line indicating that they have received our facility's Notice of Privacy Practice, acknowledging that it is accessible via our facility's website, and that they have been provided our QR Code that links to this form.

OFFICE USE ONLY:

☐ Patient is unable to sign due to condition

☐ Patient refused to sign

Hospital Staff Person's Name

Date & Time

Office Use Only – The Registration Representative will select **one** option when the patient either refuses or is unable to sign due to medical condition. The Registration Representative will sign and indicate date and time of signature.