
NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

Our Notice of Privacy Practices describes in detail how your medical information may be used and disclosed, and your health information rights. We have provided you a copy of our Notice of Privacy Practices. Federal law requires us to obtain acknowledgement that you have received our Notice of Privacy Practices.

Patient declaration: I acknowledge that I have received SEARHC's Notice of Privacy Practices.

Printed Name of Patient

Date

Signature of Patient (or personal representative)

Relationship to patient

Printed Name of Personal Representative, if applicable

HRN of Patient

This form will be retained in your health record

Staff Use Only:

The patient or personal representative refused to sign this Acknowledgement.

Employee Signature

Date