

# **Acknowledgement**

## **Notice of Privacy Practices and Patient Safety for Patients**

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our Medical Records Department. Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

We also urge you to become part of our patient safety team. We need you to be fully informed and actively involved in your care.

***By my signature below I acknowledge receipt of the Notice of Privacy Practices and the Patient Safety for Patients form.***

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Signature of patient, client or authorized representative

Date

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Printed name if signed on behalf of patient or client

Relationship (parent, legal guardian, personal representative, etc.)

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### **OFFICE USE ONLY**

***I attempted to obtain the patients signature in acknowledgment on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below.***

<b>Date:</b>	<b>Initials:</b>	<b>Reason:</b>
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Effective Date: 01-02-04, revised 3/14/08

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