



Acknowledgement of Receipt of Joint Notice of Privacy Practices

Patient Name: _____
(Please Print Name)

I acknowledge that I **received** a copy of the PeaceHealth Joint Notice of Privacy Practices. ("Received" does not indicate that I have read, understand, or agree with the Notice.) If I have questions or comments regarding the Notice, I will contact the Regional Privacy Officer as indicated in the Notice.

Signed: _____ Date: _____
Signature of Patient or legal/personal representative

Relationship to patient: _____

For PeaceHealth Use Only:

Reason why acknowledgement was not obtained:

- Refused
- Emergency Circumstances
- Other (please describe) _____

Describe good faith efforts to obtain acknowledgement:

- NPP & Acknowledgement form mailed to patient's home with return envelope
- Acknowledgement form mailed to patient's home with return envelope (pt already received NPP)
- NPP & Acknowledgement form left at patient's hospital bedside
- Other (please describe) _____

Signature	EMR#	Date	Time
Patient Identification		SYS1011B (10/05/10)	

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Privacy Notice