

# Privacy Notice Acknowledgement

I, \_\_\_\_\_ hereby acknowledge that I have been given a copy of the "Privacy Notice". This notice describes how health information may be used and disclosed and how a patient can get access to their identifiable health information.

I have been advised by \_\_\_\_\_ to read this HIPAA document and to forward any questions to their Compliance Officer at \_\_\_\_\_.

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Beneficiary/Responsible Party Signature

Date

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Facility Representative