



Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of **Notice of Privacy Policies** detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following person(s) to obtain information about my care including laboratory results:

Spouse Name: _____

Other Name(s): _____

I have the right to change these restrictions and have the most recent authorization used.

Patient's Signature: _____

Date: _____

If not signed by the patient, please indicate your relationship to the patient (e.g. spouse).

Relationship: _____

Witnessed by (employee): _____

Privacy officer/designee signature: _____

Restriction accepted: Yes No

Patient notified of acceptance/denial: Yes No

For office use only:

If patient refuses to sign, indicate your attempt to obtain a signature below.

Patient refused to sign this Acknowledgement.

Reason: _____

Employee Name: _____ Date: _____ Time: _____