



## Joint Notice of Privacy Practices (NPP) Acknowledgment

A Notice of Privacy Practices is provided to all patients. This Notice of Privacy Practices identifies: (1) how medical information about you may be used or disclosed; (2) your rights to access your medical information, amend your medical information, and request an accounting of disclosure of your medical information, and request additional restrictions on our uses and disclosures of that information; (3) your rights to complain if you believe your privacy rights have been violated; and (4) our responsibilities for maintaining the privacy of your medical information.

*The undersigned certifies that he/she has read the foregoing, received a copy of the Joint Notice of Privacy Practices (NPP), and is the patient or the patient's personal representative.*

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Name of Patient or Patient's Personal Representative

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Relationship of Personal Representative to Patient (if applicable)

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Signature of Patient or Patient's Personal Representative

If applicable, reason patient's written acknowledgment could not be obtained.

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Signature of Staff Completing Above Section

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Printed Name

Notice Dated: \_\_\_\_\_

Notice Version: 1