

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____ Date of Birth: _____

HIPAA – Notice of Privacy Practices

- I have been provided with a copy of Novant Health's **Joint Notice of Privacy Practices**.
- I know that the Notice may be changed at any time.
- I may get a new copy of the Notice on Novant Health's website at www.novanthealth.org; by writing to the Privacy Official, Novant Health Privacy Office, P.O.Box 33549, Charlotte, NC 28233; or by asking for a copy at any Novant Health facility.

Patient's Signature

Date/Time

Signature of Authorized Person

Date/Time

Relationship to Patient

For staff use only:

Patient refused to sign. Patient was informed that signing merely acknowledges that the Notice has been made available to the patient; or Patient was initially treated for an emergency condition. The Notice was made available to the patient either after stabilization or upon transfer.

Signature of Staff: _____ Date: _____ Time: _____

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted

(Name/Number of Person/Services Chosen/Used)

Interpreter Refused



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