EvergreenHealth

Patient Name:_____ Birth Date:_____

By signing this form, you acknowledge receipt of the EvergreenHealth Notice of Privacy Practices. It does not signify that you have read, understand or agree with the Notice. The EvergreenHealth Notice of Privacy Practices provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read our full Notice.

I hereby acknowledge that I have received a copy of the EvergreenHealth Notice of Privacy Practices.

Signature: _____ Date: _____
(if signed by a personal representative of the patient, please complete the following)

Personal Representative's Name: _____
Relationship to Patient: ☐Parent ☐Legal Guardian* ☐Holder of a Medical Power of Attorney*

*Please attach Legal Documentation if you are the Legal Guardian or Holder of Power of Attorney

**FOR EVERGREENHEALTH USE ONLY**

**Documentation of Attempt to Obtain Written Acknowledgment of the Delivery of the Notice of Privacy Practices**

I delivered EvergreenHealth's Notice of Privacy Practices to this patient or his/her personal representative, but was unable to obtain an acknowledgment of the receipt of EvergreenHealth's Notice of Privacy Practices because:

☐Patient was unable to sign
Reason: _____

☐Patient refused to sign

☐Notice of Privacy Practice/Acknowledgment was mailed to patient

Employee Name: _____ Department: _____

Employee Signature: _____ Date: _____