



**NOTICE OF PRIVACY PRACTICES/HIPAA
PATIENT ACKNOWLEDGEMENT FORM**

OPTION 1:

I have received a copy of the Notice of Privacy Practices/HIPAA. I understand that this document provides information regarding how my protected health information will be used by the facility.

Signature of Patient or Guardian

Date

OPTION 2:

I have declined receipt of the Notice of Privacy Practices/HIPAA. I am aware that I may obtain this information at any time by contacting the Patient Registration Department or by accessing the facility website HIPAA Privacy Policy page on our website at www.hdielko.com.

Signature of Patient or Guardian

Date

OPTION 3:

Patient or Guardian has declined to accept or sign acknowledgement form.

Signature – Patient Registrar

Date