



**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.

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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](http://www.hdielko.com).

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Signature of Patient or Guardian

Date

**OPTION 3:**

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

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Signature – Patient Registrar

Date