

Acknowledgement of receipt of notice of privacy practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Genoa Healthcare. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practice is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at www.genoahealthcare.com or contacting Genoa Healthcare at 1-888-GENOARX (1-888-436-6279).

I acknowledge receipt of the *Notice of Privacy Practices* of Genoa Healthcare.

Patient's Name: _____
Signature: _____ Date: _____
(patient/parent/convervator/guardian)

If you have received this Acknowledgement by mail, please return to:

Inability to Obtain Acknowledgement

(For Genoa Healthcare employee use only)

Please document your efforts to obtain acknowledgement and reason it was not obtained.

- Notice of Privacy Practices given – Patient unable to sign
- Notice of Privacy Practices given – Patient declined to sign
- Notice of Privacy Practices and Acknowledgement mailed to patient:
 - Date 1st attempt: _____
 - Date 2nd attempt: _____
- Other reason patient did not sign: _____

Signature of Genoa Healthcare employee Date

Print Name Site Location