

**Joint Notice of Privacy Practices  
(NPP) Acknowledgement**

A Joint Notice of Privacy Practices (NPP) is provided to all patients. This NPP identifies:

- 1) how medical information about you may be used or disclosed;
- 2) your rights to access, amend medical information, request an accounting of disclosures, and request additional restrictions on our uses and disclosures of that information;
- 3) your rights to complain if you believe your privacy rights have been violated; and
- 4) our responsibilities for maintaining the privacy of your medical information.

By signing below, I hereby acknowledge receipt of the NPP.

Name of Patient or Patients' Personal Representative:

\_\_\_\_\_

Relationship of Personal Representative to Patient (if applicable):

\_\_\_\_\_

Signature of Patient or Patient's Personal Representative:

\_\_\_\_\_

Date of Signature:

\_\_\_\_\_

**For Internal Use Only:** The identity of the requestor has been validated either with a government-issued picture ID such as a driver's license or passport, or comparison of signatures documented in the PHI records.

\_\_\_\_\_  
Signature of employee validating identity

If applicable, reason patient's written acknowledgement could not be obtained:

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Notice Dated