



Partnership in Healthcare

431 South Fifth Street • Gadsden, Alabama 35901  
Phone: (256) 547-3822 Fax: (256) 547-3822

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## NOTICE OF PRIVACY PRACTICES

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Purpose: The **Notice of Privacy Policies** form presents the information that federal law requires us to give our patients regarding our privacy practices. We must provide this **Notice** to each patient beginning no later than the date of our first service delivery to the patient, as of April 14, 2003. We must make a good faith attempt to obtain written acknowledgement of receipt of the **Notice** from the patient. We must also have the **Notice** available in the office for patients to request to take with them. We must post the **Notice** in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the **Notice**. Whenever the **Notice** is revised, we must make the **Notice** available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the **Notice** to each new patient at the time of the service delivery and to any person requesting a **Notice**. We must also post the revised **Notice** in our office as described above.

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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I, \_\_\_\_\_, have been presented with a copy of this office's **Notice of Privacy Practices Policies**, detailing how information in my medical record may be used and disclosed as permitted under federal and state law.

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignments apply.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If not signed by the patient, please indicate relationship to the patient (e.g. spouse)

Relationship: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

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### For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgement
- An emergency Situation prevented us from obtaining acknowledgement
- Other; Please explain: \_\_\_\_\_

Employee: \_\_\_\_\_ Date/Time: \_\_\_\_\_