



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