



Acknowledgment of Notice of Privacy Practices

Patient's Name _____ Patient's Medical Record Number _____ Patient's Date of Birth (mm/dd/yyyy) _____ / _____ / _____ (Or Affix Label)
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I have received a copy of the Sanford Health Notice of Privacy Practices or it has been made available to me on Sanford Health's website at www.sanfordhealth.org/privacy-of-health.

The Notice describes how Sanford Health may use and disclose my health information.

Relationship to Patient:

_____ I am the Patient

_____ I am the Parent/Guardian

_____ I am the POA

Patient's Signature

_____ Date _____ Time _____ am/pm

Or/By _____ Date _____ Time _____ am/pm

Written Acknowledgment Not Obtained

Staff member made a good faith effort to obtain written acknowledgment of receipt of the Notice of Privacy Practices but was unable to for the following reason:

- Notice Provided - Patient/Personal Representative refused to sign
- Notice Provided - Patient/Legal Representative unable to sign
- Notice Provided - Awaiting Signature

_____ Date _____ Time _____ am/pm

Employee Signature