



## Notice of Privacy Practices Acknowledgement Form

I hereby acknowledge that I have received a copy of the  
AMITA Health Notice of Privacy Practices.

\_\_\_\_\_  
Patient or Legal Representative Signature

\_\_\_\_\_  
Print Patient or Legal Representative Name

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Acknowledgment NOT obtained because:

- Patient or legal representative declined the Notice of Privacy Practices
- Patient is unable to sign, and no responsible party is available prior to discharge
- Patient treated in emergency room and discharged before obtaining Acknowledgment
- Other (briefly describe) \_\_\_\_\_