

Patient's Name: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have been given a copy of Hamot Health Foundation's Notice of Privacy Practices.

(Signature of Patient/Legal Representative)

(Date)

If you are the legal representative of the person listed above, please note the basis for your authority and provide appropriate documentation:

- Power of Attorney
- Parent of Minor
- Guardianship Order
- Other _____

Hamot
Acknowledgment of Receipt of
Notice of Privacy Practices