

Northeast College of Health Sciences Health Centers
2360 State Rte. 89 Seneca Falls, New York 13148 Ph: (800) 234-6922

Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of Northeast College of Health Sciences Health Centers'* *Notice of Privacy Practices (NPP)*. I also understand that this practice has the right to change its *Notice of Privacy Practices* and that I may contact the practice at any time to obtain a current copy of the *Notice of Privacy Practices*.

Patient Name (print)

Patient's Date of Birth

Patient Signature

Date

If signed by a personal representative or legal guardian:

Name of Personal Representative: _____

(Print)

Date

Signature of Personal Representative: _____

Relationship to Patient: _____

Driver's License Number: _____

State _____

Signing the *NPP Acknowledgement* does not mean that you have agreed to any special uses or disclosures (sharing) of your health records. Refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits. If you refuse to sign the acknowledgement, the provider must keep a record of this fact.

*All references to Northeast College of Health Sciences Health Centers apply to all centers including Depew Health Center 4974 Transit Road; Seneca Falls Health Center 2360 State Route 89; Levittown Health Center 70 Division Ave.

OFFICE USE ONLY

We have made the following attempt to obtain the patient's signature acknowledging receipt of the Notice of Privacy Practices:

Attempt 1 Date _____ Staff _____

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency prevented us from obtaining acknowledgement.
- Other (Specify:) _____

Attempt 2 Date _____ Staff _____

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency prevented us from obtaining acknowledgement.
- Other (Specify:) _____