

NOTICE OF PRIVACY PRACTICES

Patient's Name: _____ Date of Birth: _____

No later than the first day of service delivery after April 14, 2003 compliance deadline, each patient will be provided with the Notice of Privacy Practices.

Except in emergency situations, AllCare will make a good faith effort to obtain the patient's written acknowledgement of receipt of this notice (see form below). If the acknowledgement cannot be obtained, the AllCare staff will document all efforts to obtain the acknowledgement and the reasons why it was not obtained.

In an emergency treatment situation, the notice will be provided to the patient as soon as reasonably practicable to do so after the emergency situation has ended. At that time, AllCare will make a good faith effort to obtain written acknowledgement from the patient.

ACKNOWLEDGEMENT FORM Patient Acknowledgement Receipt of Notice of Privacy Policies For Protected Health Information

I hereby acknowledge receipt of AllCare's Notice of Privacy Practices on: _____
Date

Patient Signature

Date

Legal Guardian/Representative Signature (if Minor)

Date