

KINGS HIGHWAY MEDICAL PC

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ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me (and, if applicable about any infant(s) to whom leave birth during my admission to the hospital) may be used and disclosed by the hospital and the facilities listed at the beginning of this Notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate written explanation of special privacy protection that apply to HIV-related information and mental health information

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

(For internal use- where signature above cannot be obtained)

Except in emergency treatment circumstances, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we make a good faith effort to obtain written acknowledgement of the patient's receipt of the Notice of Privacy Practices on the first date after March 27, 2009 we provide treatment, products or services to the patient (including at the time of admission or any other first service contact with the patient). We must make a good faith effort to obtain written acknowledgement when reasonable practicable following an emergency treatment situation. If such acknowledgement cannot be obtained, we must document our good faith efforts to obtain the acknowledgement and why it was not obtained.

Describe good faith efforts to obtain written acknowledgement (include your name and the date):

1. _____
Name: _____ Date: _____

2. _____
Name: _____ Date: _____

THE ORIGINAL OF THIS FORM MUST BE PLACED IN THE MEDICAL RECORD