



IDAHO STATE
UNIVERSITY

Name of Clinic/Department

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You May Refuse to Sign This Acknowledgement)

I, _____, have received a copy of the Notice of
Privacy Practices from _____.

Patient Name (Print)

Signature

Relationship to Patient

Date

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- í Patient/Individual refused to sign (Date of refusal) _____
- í Communications barriers prohibited obtaining an acknowledgement
- í An emergency situation prevented us from obtaining an acknowledgement
- í Other _____

Attempt was made by: _____ date: _____

Explain: _____

NOTICE OF PRIVACY PRACTICES & ACKNOWLEDGEMENT OF RECEIPT Clinic/Department Requirements

PURPOSE:

This form, Notice of Privacy Practices, presents the information that federal law requires health care clinics to give patients regarding the clinics' privacy practices. (Note: this form may need to be changed to reflect the clinic or department's particular privacy policies and/or stricter state laws.)

The clinic must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, starting on **April 14, 2003**. The clinic must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. (Use the Patient Acknowledgement of Receipt of Notice of Privacy Practices form.) These Acknowledgement signatures must be kept by the clinic for **six (6) years**.

The clinic must also have the Notice available in the clinic's office for patients to request to view or take with them. The Notice should be posted in the waiting room or lobby in a clear and prominent location where it is reasonable to expect that any patient seeking service from the clinic will be able to read the Notice. Whenever the Notice is revised, the Notice should be available upon request on or after the effective date of revision in a manner consistent with the above instructions. Thereafter, the clinic must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. The clinic must also post the revised Notice in the clinic as described above.