

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Federal Law requires that all patients be given a copy of Brown Health Medical Group Privacy Notice. The Privacy Notice describes in detail how patient health information is used and shared with others.

Brown Health Medical Group has reserved the right to change the Privacy Notice at any time. You may obtain a current copy of the privacy notice at our reception desk.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

I have been given a copy of BHMG Privacy Notice

NAME : (print) _____ **DATE:** _____

SIGNATURE: _____

DATE OF BIRTH: _____

When a patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

SIGNATURE: _____ **DATE:** _____

NAME: (print) _____

RELATIONSHIP TO PATIENT: _____

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OFFICE USE ONLY

Patient given Privacy Notice, however:

- Patient states they have signed Acknowledgement form previously
- Patient refused or did not sign Acknowledgement form
- Patient unable of signing Acknowledgment form