

About Our Notice of Privacy Practices

Patient Name _____

MR# _____

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our duties regarding the privacy of your medical information.
- When we may disclose medical information about you.
- Your rights regarding your medical information.

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received this notice. Our Notice of Privacy Practices is also available on our website at www.borinquenhealth.org.

Patient Acknowledgment of Receipt of Notice of Privacy Practices

I, _____ hereby acknowledge that I have received a copy of

Borinquen Medical Centers Notice of Privacy Practices.

Patient Signature

Date

Signature of Parent or Patient's Representative (if applicable)

Date

Description of Legal Authority to Act on Behalf of Patient

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

____ Individual refused to sign

____ Communication barriers prohibited obtaining the acknowledgement

____ An emergency situation prevented us from obtaining acknowledgment

____ Other _____

Employee Name

Employee Signature

Date