

**Notice of Privacy Practices
Acknowledgement of Receipt of NPP**

Please Review Carefully

The notice of Privacy Practices tells you how the Department of Health and Hospitals uses and discloses information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

I, _____, have been given a copy of the Department of Health and Hospital's Notice of Privacy Practices.

Patient's Signature

Date

Personal Representative

Date

Signature of Witness (If signed with an "X" or mark)

Date