

ACKNOWLEDGMENT OF RECEIPT OF TOLEDO CLINIC'S NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge that I have received Toledo Clinic's Notice of Privacy Practices effective April 14, 2003, rev 03/31/2013

Staff Use Only

PATIENT CHART NUMBER _____

Signature of Patient

Printed Name of Patient

Date of Birth

Signature of Parent/Guardian of Minor

Date

Staff use only

Good Faith Effort to Obtain Acknowledgment

The above named patient refused to sign the acknowledgment after being requested to do so.

Staff Member Signature

Date: _____

PERSONS THAT ARE ALLOWED TO GIVE/RECEIVE MY PRIVATE HEALTH INFORMATION

METHOD OF ALLOWED RELEASE: _____ VERBAL _____ WRITTEN

Name

Relationship

Phone#

Name

Relationship

Phone#

Name

Relationship

Phone#