UNC ROCKINGHAM HEALTH CARE

Acknowledgement of Receipt of Notice of PrivacyPractices

Patient Name:_____ **Date of Birth:**_____

HIPAA - Notice of Privacy Practices

- I have been provided with a copy of UNC Rockingham Health Care's **Joint Notice of Privacy Practices.**
- I know that the Notice may be changed at any time.
- I may get a new copy of the Notice on UNC Rockingham Health Care's website at www.morehead.org; by writing to the Privacy Officer, UNCRHC Physicians, Health Information Management, 117 E. Kings Highway, Eden, NC 27288; or by asking for a copy at any UNCRHC Physician's facility.

_____ **Date:**_____ **Time:** _____

Patient's Signature

_____ **Date:**_____ **Time:** _____

Signature of Authorized Person

_____

Relationship to Patient

For staff use only:

☐ Patient refused to sign. Patient was informed that signing merely acknowledges that the Notice has been made available to the patient; or

☐ Patient was initially treated for an emergency condition. The Notice was made available to the patient either after stabilization or upon transfer.

*Signature of Staff:*_____*Date*_____*Time:* _____

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

☐ Interpreter Accepted _____ ☐ Interpreter Refused

(Name/Number of Person/Services Chosen/Used)