

HIPAA Form 03 — Acknowledgment of Receipt by Persons Served of Notice of Privacy Practices

Form for Policy 120:3 A, Policies for Protection of the Privacy of Protected Health Information. **Section V.C.**

St. Coletta of Wisconsin, Jefferson, WI 53549

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Name of individual: _____ ID Number: _____

This is to acknowledge my receipt of St. Coletta's *Notice of Privacy Practices* pertaining to persons served.

Please note: Each individual served by St. Coletta of Wisconsin will receive this form to sign even if he/she has a Guardian/Personal Representative in order to assure that all individuals receive the *Notice of Privacy Practices* and are aware of their rights under HIPAA.

Signatures:

1. Individual

Printed name: _____

Signature: _____ Date signed: _____

2. Guardian/Personal Representative (if applicable)

Printed name: _____

Relationship to individual (mother, father, brother, sister, friend, etc.): _____

Address: Street: _____

City, State, Zip: _____ Telephone: _____

Description of representative's authority to act for the individual, if applicable: _____

Signature: _____ Date signed: _____