

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT

Under the new Federal Privacy Rule, Kirkpatrick Family Care, PS must provide individuals with a Notice of Privacy Practices that explicitly states how Kirkpatrick Family Care, PS uses and discloses each individual's Protected Health Information. In addition to Kirkpatrick Family Care, PS providing an individual with the Notice, they must also obtain a signature from the individual acknowledging that the individual (1) has received the Notice and (2) has been given the opportunity to review it.

The following is Kirkpatrick Family Care, PS's receipt for their Notice. By signing this receipt, you are acknowledging that you have been provided with Kirkpatrick Family Care, PS's Notice of Privacy Practices and that you have been given the opportunity to review it.

Date: _____

Signature: _____

Print Name: _____

Birthdate: _____