

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM
(INDIVIDUAL DOCUMENT)**

I, _____ acknowledge that I received a copy of St. Joseph's Area Health Services Notice of Privacy Practices.

Individual's signature or initials:

Personal representative of individual, if individual is unable to sign:

Date: _____

Individual (or personal representative of the individual) did not sign the acknowledgement for the following reason:

(Check one of the reasons below)

- Individual refused
- Individual unable to sign
- There was not a personal representative of the individual available to sign
- Other: (explain)

Witness (staff) signature and date: