take care health systems
a Walgreens Health and Wellness Company

Micron Family Health Center

Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you a notice of our privacy practices and to acknowledge your receipt of the notice.

What is the *Notice of Privacy Practices*?

The Notice of Privacy Practices explains how your protected health information may be used or disclosed by us. In addition, it explains your rights with regard to your protected health information, as well as our legal responsibilities.

1) I have been provided a copy of the Notice of Privacy Practices:

_____ _____

Patient Name (please print) Date of Birth

2) Can we share your medical information with others listed below to appropriately care for you?

☐ Yes ☐ No Spouse: name _____

☐ Yes ☐ No Children: name _____

☐ Yes ☐ No Parent: name _____

☐ Yes ☐ No Friend: name _____

_____ _____ _____

Signature of Patient or Patient Representative Relationship Date

Note: ***Complete # 2 and the signature section if the patient grants permission to share information subsequent to receiving the Privacy Notice.***