

Family Health Center of Battle Creek

Reconocimiento de haber Recibido el Aviso de Prácticas de Privacidad

Nombre del Paciente _____ Expediente # _____
(Patient Name) (Chart #)

Yo reconozco que he recibido una copia del Aviso de Prácticas de Privacidad de esta oficina.
(I acknowledge that I have received a copy of this office's Notice of Privacy Practices.)

Paciente/Padre/Guardián/Representante

Fecha

**Para el uso de Family Health Center de Battle Creek/Albion:
(For Family Health Center of Battle Creek/Albion Use only)**

The Notice of Privacy Practices was presented to the patient today. The patient or representative declined to sign this Acknowledgment of Receipt of Notice of Privacy Practices upon request.

Family Health Center employee

Date