



# PORT RICHEY HEALTH CENTER

## *PRICARE LLC*

I have received a copy of (Practice's) Notice of Privacy Practice (HIPPA) effective (Date)

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am a parent or legal guardian of \_\_\_\_\_ (patient's name).

I have received a copy of (Practice) Notice of Privacy practice effective (Date)

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the individual or parent/ legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgement could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practice effective (Date) given to individual on \_\_\_\_\_ (Date)

In Person

Mailing

E-Mail

Others: \_\_\_\_\_

Staff Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_