

# THE DIAGNOSTIC & TREATMENT CENTER

A service of Marshfield Clinic and Ministry Health Care

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

### This section to be completed by the Patient

By signing this form, you acknowledge that The Diagnostic and Treatment Center has given you a copy of its Privacy Notice explaining:

- How we use and disclose your health information
- Your privacy rights with regard to your protected health information
- Our obligations to you concerning the use and disclosure of your protected health information

We must try to have you sign this form on your first date of service with us. This includes the situation where your first date of service occurred electronically. If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

\_\_\_\_\_  
Patient/Legal Representative Signature

\_\_\_\_\_  
Date

### This section to be completed by Staff Member

If Acknowledgment Form was not signed by patient/legal representative:

1. Does patient have a copy of the Privacy Notice?
  - Yes
  - No – Why: \_\_\_\_\_
2. Please explain why the patient was unable to sign an acknowledgment form or why it was not possible to obtain the patient's signature:
  - Patient/Legal Representative Left Before Signature Obtained
  - Emergency/Urgent Admission With Patient Not Present for Registration
  - Patient By-passed Registration – Not Available
  - Patient Unable to Comprehend
  - Patient Communication Barrier Existed
  - Legal Representative (Guardian) of Patient Not Available
  - Other: \_\_\_\_\_

Patient Acknowledgment in System: \_\_\_\_\_ Date \_\_\_\_\_

Completed By: \_\_\_\_\_

*Maintained in Medical Record*