

**ONEIDA COMMUNITY HEALTH CENTER**  
**NOTICE ACKNOWLEDGEMENT**

Purpose: This form is used to document an individual’s acknowledgement of receipt of our Privacy Practices Notice or our good faith, but unsuccessful effort to obtain that the individual’s acknowledgement of our Privacy Practices Notice. We are not obligated to attempt to obtain this acknowledgement in an emergency treatment situation.

**SECTION A: Individual receiving Privacy Practices Notice.**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Patient Identification: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**TO THE INDIVIDUAL: Please complete the following acknowledgement.**

I acknowledge that I received the Privacy Practices Notice of the Oneida Community Health Center.

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

If this acknowledgement is signed by a parent/guardian on behalf of the individual, complete the following:

Personal Representative’s Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**SECTION B: Good faith effort to obtain acknowledgement (complete only if individual refuses written acknowledge of receipt of Privacy Practices Notice on this form or otherwise).**

- Individual refused or was unable to sign an acknowledgement that the individual received our Privacy Practices Notice. Describe your good faith effort to obtain the individual’s signed acknowledgement and the reason you were unsuccessful:
- Individual received the joint Privacy Practices Notice applicable to our organization from a member of our medical staff. We are therefore not required to deliver a Notice or obtain an acknowledgement. Attach a copy of the acknowledgement, or the documentation of the good faith, but unsuccessful effort to obtain acknowledgement, from the medical staff member who furnished the joint Notice.
- Individual received our Privacy Practices Notice in connection to an emergency treatment situation. We are therefore not required to obtain an acknowledgement.

**SIGNATURE.**

I attest that the above information is correct.

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

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

**Include completed form in the individual’s records.**