



Acknowledgment of Receipt of Notice of Privacy Practices & Rights

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information.

I have received, read and understand the *Notice of Privacy Practices & Rights* document containing a more complete description of the uses and disclosures of my health information. I understand that Eleos Family Services has the right to change its *Notice of Privacy Practices & Rights* from time to time and that I may contact this organization at any time at the address below for a current copy of the *Notice of Privacy Practices* document.

Individual Name

Signature

Date

Name/Relationship to Individual

Signature

Date

FOR OFFICE USE ONLY

Eleos provided the above-referenced patient with the Practice’s Notice of Privacy Practices & Rights and this Acknowledgment of Receipt of Notice of Privacy Practices, but could not obtain a signed acknowledgment form because:

- Patient or guardian refused to sign
- Emergency situation
- Other: -----