

## Acknowledgement of Receipt of Notice of Privacy Practices

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), as updated by the 2013 HIPAA Final Omnibus Rule, I have certain rights to privacy regarding my protected health information.

I have been provided Mary Crowley's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information (a copy for my records is available in office in print form). I have been given for my review such Notice of Privacy Practices prior to signing this acknowledgement. I understand that Mary Crowley has the right to change its Notice of Privacy Practices from time to time and that I may contact Mary Crowley at any time at the address below to obtain a current copy of the Notices of Privacy Practices.

I understand that I may revoke this consent in writing at any time, except to the extent that Mary Crowley has taken action relying on this consent.

Name (please print): \_\_\_\_\_

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

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

I am a parent or legal guardian of \_\_\_\_\_ (patient name). I have received a copy of Mary Crowley's Notice of Privacy Practices effective June 8, 2016

Name (please print): \_\_\_\_\_

Relationship to Patient:     Parent                       Legal Guardian

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

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

**Mary Crowley Cancer Research**  
**12222 Merit Drive, Suite 1500**  
**Dallas, Texas 75251**  
[www.marycrowley.org](http://www.marycrowley.org)  
**214.658.1994**

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### [note on second page]

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 acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective [date] given to individual on \_\_\_\_\_  
(date)

In Person  Mailing  Email  Other \_\_\_\_\_

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other \_\_\_\_\_

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

In person conversation  
\_\_\_\_\_

Telephone contact  
\_\_\_\_\_

Mailing \_\_\_\_\_

Email \_\_\_\_\_

Other \_\_\_\_\_

Staff Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

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

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