



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Partners HealthCare is an integrated health care system, which includes all the entities listed on the back of the Privacy Notice. These hospitals and entities, as well as the doctors, nurses, therapists, and other providers of health care who work in these organizations, are called "providers." These providers may share patient health information for treatment, billing, and health care operations.

Federal law requires that all patients be given a copy of the Partners HealthCare Privacy Notice. The Privacy Notice describes in detail how patient health information is used and shared with others.

Partners HealthCare has reserved the right to change the Privacy Notice at any time. You may obtain a current copy of the Privacy Notice by contacting the admitting office, the registration office, your doctor's office, or by going to the Partners' Web site (www.partners.org)

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

I have been given a copy of the Partners HealthCare Privacy Notice.

Name (print): _____ **Date:** _____

Signature: _____ **Date of Birth:** _____

When patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Signature of Representative: _____ Date: _____

Print Name: _____ Relationship to patient: _____

Office Use Only

Patient given Privacy Notice, however:

Patient **refused or did not** sign Acknowledgement form

Patient **unable** to sign Acknowledgement form