



Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. I may keep this copy and may request a new copy in the future. I understand that if I have Internet access I can view and print a copy from www.wnj.org.

Patient's name (please print) _____

Patient or guardian's signature _____ Date _____

Guardian's Name (please print) _____

Wilson N. Jones Medical Center made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

[Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.]