

HIPAA NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

Patient Name: _____

Patient Acknowledgment: I acknowledge that I have received a copy of the Notice of Privacy Practices for Tanner Health System, Inc. In receiving the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Signature of Patient/Parent or Guardian: _____ Date: _____

For Use by THS Personnel Only: [Complete if patient acknowledgment is not obtained]

The patient/parent or guardian was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient/parent or guardian's signature acknowledging receipt of the Notice. An acknowledgment was not obtained because _____

Signature of THS Representative: _____ Date: _____