



WILL COUNTY COMMUNITY HEALTH CENTER

Acknowledgement of Receipt of Joint Notice of Privacy Practices

Our Joint Notice of Privacy Practices ("Notice") provides information about: 1) the privacy rights of our patients; and 2) how we may use and disclose protected health information about our patients. Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

By signing this form, you are only acknowledging that you have been provided our Notice.

Patient/Authorized Representative Signature

Date

Print Name of Patient/Authorized Representative

Authority of Representative to Sign for Patient (Please check one)

Parent Guardian Power of Attorney

Other: _____