



## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Your privacy and the privacy of your protected health information are important to us. To provide you with health care, we must share your protected health information.

Our Notice of Privacy Practices (NPP) gives you information about how we may use and disclose your protected health information. You have the right to review our NPP before signing this Acknowledgement.

Our privacy practices may change over time. If we change our NPP, we will provide you with a new copy the next time you receive care.

I have read the above. I have received a copy of ProHealth Solutions' "Notice of Privacy Practices".

\_\_\_\_\_  
**Signature** of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Print Name** of Patient or Personal Representative

\_\_\_\_\_  
If Personal Representative, describe relationship

ORIGINAL - Medical Records



556



PATIENT LABEL

ADV NPP

HIPPA Notice of Privacy Practice scan