

Acknowledgement of Receipt of Privacy Notice

By signing this form, you acknowledge that Lee Memorial Health System has given you a copy of its Statement of Privacy Notice, which explains how your protected health information will be handled in various situations.

LMHS is required to make every effort at obtaining written acknowledgement of your receipt of our Statement of Privacy Notice on your first date of service after April 14, 2003.

If your first date of service was due to an emergency, LMHS will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency situation has been resolved according to your healthcare team.

I hereby acknowledge that:

- ◆ I have received Lee Memorial Health System Statement of Privacy Notice;
- ◆ Lee Memorial Health System has given me the chance to discuss my concerns and questions about the privacy of my protected health information maintained.

Signature: _____ Date/Time: _____

Lee Memorial Health System staff should complete this section of Acknowledgement Form if not signed by the patient or legal next of kin.

Does patient have a copy of the Statement of Privacy Notice Yes No

Please explain why the patient was unable to sign an acknowledgement form and your efforts in trying to obtain the patients signature.

ADDRESSOGRAPH OR PATIENT IDENTIFICATION

NAME:

DOB:

MR#:

ACCT #:

**LEE MEMORIAL HEALTH SYSTEM
Lee County, Florida**

**ACKNOWLEDGEMENT OF RECEIPT OF
STATEMENT OF PRIVACY NOTICE**

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