

**ACKNOWLEDGMENT OF RECEIPT OF
BAYLOR SCOTT & WHITE HEALTH'S
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received Baylor Scott & White Health's *Notice of Privacy Practices*. This notice explains how my medical information may be used and disclosed. It also describes my individual privacy rights and certain obligations Baylor Scott & White Health has regarding the use and disclosure of my medical information.

I understand that the *Notice of Privacy Practices* can change from time to time, and that I can obtain a current copy of this notice by accessing it online using the Baylor Scott & White Health website, contacting the Office of Corporate Compliance using the information below, or I can ask for a copy at the time of my next visit.

Patient Name (Print)

Signature of Patient or Representative of Patient

Relationship to Patient if Signed by Representative

Date

To obtain more information or a copy of the most current version of the Notice of Privacy Practices, please call 866-218-6920 or write: Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201.

Office Use Only

I attempted to obtain the patient's signature of acknowledgement on this Notice of Privacy Practices Acknowledgement but was unable to do so as documented below.

Employee Name

Employee Signature

Date

Reason

