



# Acknowledgment of Receipt of Notice of Privacy Practices

## For Protected Health Information

I acknowledge that I have received a copy of Wellstar Health System's "Notice of Privacy Practices" for Protected Health Information on the date set forth below.

\_\_\_\_\_  
Date of receipt

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Authorized Personal Representative (print name)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Authorized Personal Representative Signature

\_\_\_\_\_  
Relationship to patient

## FOR USE BY WELLSTAR HEALTH SYSTEM PERSONNEL ONLY

(complete if patient acknowledgment is not obtained)

An Acknowledgment of Receipt of Notice of Privacy Practices was not obtained because:

- Patient refused to sign acknowledgment.
- Unable to gain signed acknowledgment due to communications/language or other barrier.
- Patient was unable to co-sign acknowledgment due to emergency treatment situation.
- Other—please indicate reason \_\_\_\_\_

\_\_\_\_\_  
Wellstar Representative Signature

Please select the appropriate facility:

- Kennestone Hospital  Cobb Hospital  Douglas Hospital
- Paulding Hospital  Windy Hill Hospital
- Homecare  Hospice
- Other \_\_\_\_\_

Wellstar

- Cobb  Douglas  Kennestone
- Paulding  Windy Hill

Notice of Privacy Practices

PATIENT IDENTIFICATION STICKER