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### Acknowledgment of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Genoa Healthcare. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full. Our *Notice of Privacy Practice* is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at [www.genoahealthcare.com](http://www.genoahealthcare.com) or contacting Genoa at 1-888-GENOARX (1-888-436-6279).

I acknowledge receipt of the *Notice of Privacy Practices* of Genoa Healthcare.

Consumer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(consumer/parent/conservator/guardian)

*If you have received this Acknowledgement by mail, please return to:*

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### Inability to Obtain Acknowledgement

(For Genoa Healthcare employee use only)

Please document your efforts to obtain acknowledgment and reason it was not obtained.

- Notice of Privacy Practices given - Consumer unable to sign
- Notice of Privacy Practices given - Consumer declined to sign
- Notice of Privacy Practices and Acknowledgement mailed to consumer:
  - Date 1<sup>st</sup> attempt: \_\_\_\_\_
  - Date 2<sup>nd</sup> attempt: \_\_\_\_\_
- Other reason consumer did not sign:  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Site Location*