

## ***Acknowledgement of Receipt of Notice of Privacy Practices***

*Use and disclosure of protected health information is regulated by a federal law known as The Health and Insurance Portability and Accountability Act of 1996 (HIPPA).*

*Under HIPPA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health information and make a good faith effort to obtain a written acknowledgement that this notice was received.*

Therefore, I \_\_\_\_\_ (printed name of patient or patients representative), acknowledge that LINCOLN INTERNAL MEDICINE has provided a written copy of their Notice of Privacy Practices to myself.

*If you are signing as a personal representative, documentation of your legal right to do so must be provided.*

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*Signature of patient or representative*

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*Date of signing*

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*Relationship to patient*

*LIM has made a good faith attempt to provide the above named patient with a copy of our Notice of Privacy Practices, but we were not successful for the following reason:*

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*Signature, Title of Employee*

*Date*