



HENRY FORD
MACOMB HOSPITALS

Notice of Privacy Practices
Acknowledgement
with
Opportunity to Agree or Object

I acknowledge:

A copy of the Henry Ford Macomb Notice of Privacy Practices was made available to me at the place where I went for health care services.

The Notice of Privacy Practices was posted in a clear and prominent location where I was able to read the Notice of Privacy Practices.

A copy of the Notice of Privacy Practices was made available for me to keep.

If I came in for health care services in an emergency treatment situation, I was able to view the Notice as soon as reasonable after the emergency treatment situation.

I received the Notice of Privacy Practices before April 14, 2003, or no later than the first day I received health care services on or after April 14, 2003.

Print Name of Patient

Signature of Patient or Representative

Date

Optional: Opportunity to Agree or Object

It is our practice to leave messages at your home regarding appointment reminders, prescription refills, or referral/testing arrangements. (Note: Actual test results are not left as messages)

- Yes, leave messages on my answering machine or with a person who answers the phone.
- No, do not leave messages at my home. I prefer to be called at _____ or contacted by mail at this address: _____

I understand that my test results are private and will not be released to anyone other than myself unless I authorize it. I request that _____

(Name)

(Relationship)

be given my test results. I understand that the above instructions will be in force until I notify the organization of any changes.

(Initials)

If an acknowledgement is not obtained, document below the good faith efforts to obtain the acknowledgement and the reason why the acknowledgement was not obtained:

Patient's name: _____

Date of attempt to obtain Acknowledgement: _____

Reason Acknowledgement was not obtained [describe reason, such as an emergency treatment situation or substantial barrier to communication]:

Signature of Associate

Date

Print Name

Department