



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Notice of Privacy Practices. Lancaster Cancer Center has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information, how you can access your protected health information, and other rights concerning your protected health information.

I acknowledge that I received or was offered a copy of Lancaster Cancer Center’s notice of Privacy Practices.

Print Name of Patient

Signature of Patient/Personal Representative

Date

Name of Personal Representative

Relationship to Patient

GOOD FAITH EFFORT TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

(For office use only when efforts to obtain acknowledgement of receipt of notice are unsuccessful)

- Individual refused copy of NPP
- Individual accepted copy of NPP: refused to sign Acknowledgement of Receipt
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (explain)

Signature of Staff Member

Date

Print Name of Staff Member