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NORTHSIDE HOSPITAL

AFFIX PATIENT LABELS OVER THIS BOX
↓ DAN CODE MUST FALL BETWEEN THESE LINES ↑

By signing this form, I am acknowledging receipt of the Notice of Privacy Practices of Northside Hospital, Inc. and the Northside Hospital medical staff. The Notice of Privacy Practices provides information about how Northside Hospital and the Northside Hospital medical staff members may use and disclose my health information. I have been encouraged to read the Notice in full.

I understand that Northside Hospital and its Medical Staff members operate as an "organized health care arrangement" and have presented me with a joint notice of privacy practices. Although the Hospital and Medical Staff members have established an organized health care arrangement for purposes of complying with privacy laws, Medical Staff members are not employees or agents of the Hospital and remain independent contractors.

I understand that the Notice of Privacy Practices is subject to change. If Northside Hospital changes its notice, I may obtain a copy of the revised Notice at Northside's website (www.northside.com) or by contacting Patient Access at 404-851-8710.

Witness

Signature of Patient or Legal Representative

Date Time AM/PM

Relationship to patient if not the patient

Interpreter (if applicable)
Note to staff: if telephone interpretation provided, record name of company and interpreter ID number.

Reason Patient unable to sign

INABILITY TO OBTAIN ACKNOWLEDGEMENT

I have made good faith efforts to obtain the acknowledgement of the patient or his/her legal representative. I was unable to obtain a signed acknowledgement for the following reason(s):

- Patient/representative refused to sign
- Patient not competent to sign acknowledgement and legal representative not present
(copy of notice sent with patient)
- Other: _____

Hospital Representative

Date: Time

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES