



## Acknowledgement of Receipt of Notice of Privacy Practices

As a new or continuing patient of ours we want you to know that the protection of your health information, or your child's, is important to us at MAHEC. Included with this Acknowledgement, is a copy of our Notice of Privacy Practices. We encourage you to review it carefully and become familiar with how your personal health information or that of your child's, will be used and safeguarded, as well as your rights regarding the protection of your personal data.

If you have questions about the *Notice* you are receiving, please feel free to contact our Privacy Officer at: 121 Hendersonville Road, Asheville, NC 28803 or by phone at (828) 257-4408.

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Your signature below indicates that you have received a copy of MAHEC's Notice of Privacy Practices.

The delivery of your health care services will in no way be conditioned on your signed acknowledgment. Should you choose not to sign this acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

\_\_\_\_\_  
Patient name (printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)