

ACKNOWLEDGMENT OF RECEIPT OF TOLEDO CLINIC'S NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION  
I acknowledge that I have received Toledo Clinic's Notice of Privacy Practices effective April 14, 2003.

Staff Use Only

PATIENT CHART NUMBER \_\_\_\_\_

Signature of Patient \_\_\_\_\_

Printed Name of Patient \_\_\_\_\_

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

Signature of Parent/Guardian of Minor \_\_\_\_\_

Date \_\_\_\_\_

Staff use Only

Good Faith Effort to Obtain Acknowledgment

The above named patient refused to sign the acknowledgment after being requested to do so.

Staff Member Signature \_\_\_\_\_

Date: \_\_\_\_\_

PERSONS THAT ARE ALLOWED TO GIVE/RECEIVE MY PRIVATE HEALTH INFORMATION  
METHOD OF ALLOWED RELEASE: \_\_\_\_\_ VERBAL \_\_\_\_\_ WRITTEN

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

