

**PATIENT RECEIPT OF HIPAA PRIVACY NOTICE**

Dear Patient,

Compass Providence Urgent Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) have taken effect April 14, 2003. In support of our policy of complying with all applicable regulations, Compass Providence Urgent Care provides patients with the HIPAA Notice of Privacy Rights.

While not required in order to receive treatment at Compass Providence Urgent Care, we are obligated under federal regulations to ask that you sign an acknowledgement of the HIPAA Privacy Notice being made available to you.

Thank you.

**Receipt of HIPAA Privacy Notice**

I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Compass Providence Urgent Care may use and disclose my protected health information. I understand that Compass Providence Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

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

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

Signature of Patient or Parent/Guardian



**Office Use Only: To be completed only when a patient declines to sign acknowledgement.**

Check here if patient declined to sign acknowledgement \_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Refusal to sign acknowledgement does not prevent the patient from continuing to be treated.**

To be filed in patient's record