

# NORTHSTAR SLEEP CENTER

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in the NorthStar Sleep Center Notice of Privacy Practices. NorthStar Sleep Center is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practice upon your request.

PATIENT NAME: \_\_\_\_\_

PATIENT REPRESENTATIVE: \_\_\_\_\_

If signed by a patient representative, state authority to act on behalf of patient:

\_\_\_\_\_

Signature: \_\_\_\_\_

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

### NORTHSTAR SLEEP CENTER USE ONLY

I, \_\_\_\_\_, attempted to obtain the patient's acknowledgment of the receipt of the Notice of Privacy Practices, but was unable to do so.

Reason acknowledgment not obtained:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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