

### About Our Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- our obligations under the law with respect to your personal health information
- how we may use and disclose the health information that we keep about you
- your rights relating to your personal health information
- our rights to change our Notice of Privacy Practices
- how to file a complaint if you believe your privacy rights have been violated
- the conditions that apply to uses and disclosures not described in this Notice
- the person to contact for further information about our privacy practices

We are required by law to give you a copy of this Notice and to obtain your written acknowledgement that you have received a copy of this Notice.

### Patient Acknowledgment of Receipt

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
**Patient's Signature and Date**

\_\_\_\_\_  
**Signature of Patient's Representative (if applicable) and Date**

\_\_\_\_\_  
**Description of Legal Authority to Act on Behalf of Patient**

**Generations Family Health Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Generations does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.**

**Spanish** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-808.9008.

**Haitian** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-808-

Office Use Only: Patient Name: \_\_\_\_\_

Patient Account Number: \_\_\_\_\_