GOODALL-WITCHER Healthcare

Goodall-Witcher Hospital
Goodall-Witcher Clinic in Clifton
Goodall-Witcher Clinic in Whitney
Goodall-Witcher Home Health Agency
Goodall-Witcher Nursing Facility
Goodall-Witcher Fitness & Wellness Center

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Health Information Technology for Economic and Clinical Health Act of 2013 (HITECH) Omnibus Rule, I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers unless directly requested to withhold PHI from health plan and all healthcare services are paid in full by paying out of pocket.
- Conduct normal healthcare operations such as quality assessments.

By signing this form, I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that Goodall-Witcher Healthcare has the right to change its Notice of Privacy Practices from time to time and I may contact the organization at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Name (**Please Print**): _____ Patient DOB: _____

If patient is a Minor, Responsible Party Relationship: _____

Patient/Responsible Party Signature: _____ Date: _____

Witness: _____

OFFICE USE ONLY

An attempt was made to obtain the Patient/Responsible Part's signature in acknowledgement on this Notice of Privacy Practice Acknowledgement. However, the signature was unable to be obtained as documented below.

_____ Reason Signature Not Obtained_____
Date

_____
Goodall-Witcher Healthcare Staff Signature