

The Neurology Foundation, Inc.
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Federal Law requires that all patients be given a copy of The Neurology Foundation, Inc., Privacy Notice. The Privacy Notice describes in detail how patient health information is used and shared with others.

The Neurology Foundation has reserved the right to change the privacy Notice at any time. You may obtain a current copy of the privacy notice at our reception desk.

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or facsimile mail.

I have been given a copy of The Neurology Foundation, Inc., Privacy Notice

NAME :(print) _____ DATE: _____

SIGNATURE: _____

DATE OF BIRTH: _____

When a patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

SIGNATURE: _____ DATE: _____

NAME: (print) _____

RELATIONSHIP TO PATIENT: _____

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OFFICE USE ONLY

Patient given Privacy Notice, however:

Patient states they have signed Acknowledgement form previously

Patient refused or did not sign Acknowledgement form

Patient unable of sign Acknowledgment form