



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Resident Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

Facility Name: Alpine House of \_\_\_\_\_ (“Alpine House”)

I have been given a copy of Alpine House’s *Notice of Privacy Practices* (“*Notice*”), which describes how my health information is used and shared. I understand that Alpine House has the right to change this *Notice* at any time. I may obtain a current copy by contacting the Alpine House Privacy Officer, or by visiting Alpine House’s website [www.alpinehouse.net](http://www.alpinehouse.net).

**My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:**

\_\_\_\_\_  
Signature of Resident or Resident Representative      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative’s Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

**For Alpine House Use Only: Complete this section if you are unable to obtain a signature.**

1. If the resident or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

\_\_\_\_\_  
2. Describe the steps taken to obtain the resident’s (or personal representative’s) signature on the *Acknowledgement*:

\_\_\_\_\_  
Completed by:

\_\_\_\_\_  
Signature of Facility Representative      Date

\_\_\_\_\_  
Print Name

**File original in resident's Business Office Records**