



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Individual Name: _____

Address: _____

Facility Name: _____

I have received a copy of Hope Enterprises, Inc.'s *Notice of Privacy Practices* which describes how my health information is used and shared. I understand that Hope Enterprises, Inc. has the right to change this *Notice* at any time. Copies are available by contacting Hope Enterprises Inc. Compliance Department, or by visiting the web site at www.hopeability.org.

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

Signature of Individual or Personal Representative

Date

Print Name

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

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

1. If the Individual 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 Hope Representative

Date

Print Name