

Patient's Name: \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have been given a copy of Hamot Health Foundation's Notice of Privacy Practices.

\_\_\_\_\_  
(Signature of Patient/Legal Representative)

\_\_\_\_\_  
(Date)

If you are the legal representative of the person listed above, please note the basis for your authority and provide appropriate documentation:

Power of Attorney

Guardianship Order

Parent of Minor

Other \_\_\_\_\_

***Hamot***  
**Acknowledgment of Receipt  
of Notice of Privacy Practices**