
NOTICE OF PRIVACY PRACTICES: Acknowledgement of Receipt

Acknowledgement of Receipt

By signing this form you are acknowledging receipt of the Notice of Privacy Practices of Sutter North Medical Foundation and not agreement with our privacy practices. Our Notice of Privacy Practice provides information about how we may use and disclose your protected health information. We encourage you to read the entire notice.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site, www.sutternorth.org, or calling 530-741-1300 Ext. 6103.

If you have any questions about our Notice of Privacy Practices, please contact our Privacy Officer by calling 530-741-1300 Ext. 6103.

I acknowledge receipt of the Notice of Privacy Practices of Sutter North Medical Foundation.

Patient Name: _____
(Please print)

Signature: _____
(patient/parent/conservator/guardian)

Date: _____

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement and the reasons why the acknowledgement was not obtained:

Patient Name: _____

Provider Representative Signature: _____ Date: _____