

**ACKNOWLEDGMENT OF RECEIPT OF  
BAYLOR SCOTT & WHITE HEALTH'S  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received Baylor Scott & White Health's *Notice of Privacy Practices*. This notice explains how my medical information may be used and disclosed. It also describes my individual privacy rights and certain obligations Baylor Scott & White Health has regarding the use and disclosure of my medical information.

I understand that the *Notice of Privacy Practices* can change from time to time, and that I can obtain a current copy of this notice by accessing it online using the Baylor Scott & White Health website, contacting the Office of Corporate Compliance using the information below, or I can ask for a copy at the time of my next visit.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Signature of Patient or Representative of Patient

\_\_\_\_\_  
Relationship to Patient if Signed by Representative

\_\_\_\_\_  
Date

To obtain more information or a copy of the most current version of the Notice of Privacy Practices, please call 866-218-6920 or write: Office of HIPAA Compliance, 301 N. Washington Avenue, Dallas, TX 75246.

**Office Use Only**

I attempted to obtain the patient's signature of acknowledgement on this Notice of Privacy Practices Acknowledgement but was unable to do so as documented below.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Reason  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BAYLOR SCOTT & WHITE HEALTH**



49302 (01/18)

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