



## NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

SEARHC keeps a record of health care services we provide you. You may ask to see a copy of that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the SEARHC Privacy Officer.

Our **Notice of Privacy Practices** describes in more detail how your medical information may be used and disclosed, and how you can access your information. A copy of our Notice of Privacy Practices has been given to you. Under federal law, we are required to try and obtain a written acknowledgement that you have received the Notice of Privacy Practices.

**By my signature below I acknowledge receipt of the Notice of Privacy Practices.**

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Signature of Patient or authorized representative

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Date

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Printed name if signed on behalf of patient

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Relationship (parent, legal guardian, personal representative, etc.)

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Medical Record Number

(Notation, if any, by staff)

**This form will be retained in your medical record.**