COPLIN HEALTH SYSTEMS

www.coplinhealthsystems.com

Receipt of Notice of Privacy Practices Written Acknowledgement

NOTE: You may refuse to sign this acknowledgement.

Please submit this form to:
HIPAA Privacy Officer / Compliance Officer
483 Court Street
Elizabeth, WV 26143

PATIENT INFORMATION

I, _____ have received a copy of Coplin Health System's Notice of Privacy Practices.

Name of Patient: _____

Signature of Patient: _____ Date: _____

Name of Witness: _____

Signature of Witness: _____ Date: _____

FOR INTERNAL USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign.

_____ Communication barrier prohibited obtaining the acknowledgement.

_____ An emergency situation prevented obtaining the acknowledgement.

_____ Other *(Please specify)* _____

_____

Name of Employee: _____

Signature of Employee: _____ Date: _____