

**NYCC Health Centers  
 2360 State Rte. 89 Seneca Falls, New York 13148 Ph: (800) 234-6922**

***Notice of Privacy Practices Acknowledgement***

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of NYCC Health Centers’\* *Notice of Privacy Practices (NPP)*. I also understand that this practice has the right to change its *Notice of Privacy Practices* and that I may contact the practice at any time to obtain a current copy of the *Notice of Privacy Practices*.

\_\_\_\_\_  
 Patient Name (print)

\_\_\_\_\_  
 Patient’s Date of Birth

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

**If signed by a personal representative or legal guardian:**

**Name of Personal Representative:** \_\_\_\_\_

(Print)

\_\_\_\_\_  
 Date

**Signature of Personal Representative:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Driver’s License Number:** \_\_\_\_\_

**State** \_\_\_\_\_

Signing the *NPP Acknowledgement* does not mean that you have agreed to any special uses or disclosures (sharing) of your health records. Refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits. If you refuse to sign the acknowledgement, the provider must keep a record of this fact.

\*All references to NYCC Health Centers apply to all centers including Depew Health Center 4974 Transit Road; Seneca Falls Health Center 2360 State Route 89; Levittown Health Center 70 Division Ave.

**OFFICE USE ONLY**

We have made the following attempt to obtain the patient’s signature acknowledging receipt of the Notice of Privacy Practices:

**Attempt 1** Date \_\_\_\_\_ Staff \_\_\_\_\_

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency prevented us from obtaining acknowledgement.
- Other (Specify:) \_\_\_\_\_

**Attempt 2** Date \_\_\_\_\_ Staff \_\_\_\_\_

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency prevented us from obtaining acknowledgement.
- Other (Specify:) \_\_\_\_\_