

**JOINT NOTICE OF PRIVACY PRACTICES FOR HEALTH INFORMATION (NPP)  
AND PATIENT RIGHTS AND RESPONSIBILITIES ACKNOWLEDGMENT FORM**

Effective April 14, 2003, the law requires that St. Joseph's Hospital and Medical Center give to a patient a copy of its Notice of Privacy Practices for Health Information. We will give you a copy at the time of first treatment and, if we change our notice, thereafter at the next treatment visit. By signing below, the patient acknowledges receipt of such, or if you are the patient's personal representative, or authorized agent, or involved in patient's medical care, you acknowledge receipt of such.

We are also providing you a copy of the Patient Rights and Responsibilities, including the rights of visitation which are: You have the right to visitors or support persons without regard to age, race, creed, color, ethnicity, national origin, religion, sex, gender identity, sexual orientation, disability, veteran status, socio-economic, immigrant status or source of payment. You have the right to choose who may visit you during your stay and the right to withdraw that choice at any time. By signing below, the patient acknowledges receipt of such, or if you are the patient's personal representative, or authorized agent, or involved in patient's medical care, you acknowledge receipt of such.

Patient Name: \_\_\_\_\_ Medical Record # \_\_\_\_\_

Acknowledgment Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not by patient, print name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

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**For Official Use**

I provided a copy of the NPP to the patient (or personal representative) but was unable to obtain his or her written acknowledgment of receipt of such for the following reasons:

I have attempted to provide to the patient (or personal representative) a copy of the NPP, but was unable to do so for the following reasons:

Signature of Hospital Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Department: \_\_\_\_\_



**Patient Identification:**