WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I understand that if I have further questions or complaints, I may contact the HIPAA Privacy Officer of Green Health Collective. I also understand that I am entitled to receive updates. upon request if the Green Health Collective Notice of Privacy Practices is amended or changed in a material way.

WRITTEN ACKNOWLEDGEMENT OF PHARMACY PRACTICES

An electronic pharmacy system will be used permitting the viewing of your medication history from external sources, i.e., the pharmacist and pharmacy staff at your selected pharmacy.

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

**TO BE COMPLETED BY COVERED ENTITY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT.**

On\_\_\_\_\_\_\_\_\_\_\_\_\_, I attempted to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

* The patient declined to sign this Written Acknowledgement.
* The patient did not understand the request to sign the Acknowledgement.
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I permit Green Health Collective to:

* Leave messages reminding me of appointments.
* Leave messages regarding missed laboratory or diagnostics imaging.
* Leave messages regarding billing, balances and other insurance information.
* Leave messages regarding normal laboratory/diagnostic imaging results.

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