Main Line Health®
Well ahead.®

FORM – ZNPP

Acknowledgement of receipt of Notice of Privacy Practices

By signing below, I acknowledge receipt of the Notice of Privacy Practices of Main Line Health (MLH). In addition, by signing below, I authorize MLH to disclose my health information in conformance with the provisions of the Notice of Privacy Practices.

_____	or	_____
Signature of patient		Signature or personal representative
_____		_____
Patient name – PRINT		Personal representative's name – PRINT
_____		_____
Date and time		Date and time
		_____
		Relationship to patient

Inability to obtain acknowledgement

(To be completed only if no signature is obtained)

No acknowledgement of receipt of Privacy Practices was obtained from the patient because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining the acknowledgement
- ☐ Other (please specify):

_____	_____
Signature of MLH representative	Date and time