Main Line Health® | BEHAVIORAL HEALTH

Acknowledgement of Receipt of Notice of Privacy Practices and Authorization to Release Health Information

By signing below, I acknowledge that I have either received or have been offered and refused a copy of the *Notice of Privacy Practices* of the Main Line Health System ("MLHS"). In addition, by signing below, I authorize MLHS to disclose my health information in conformance with the provisions of the Notice of Privacy Practices.

Signature: _____ Date:_____ Time: _____

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 MLHS representative: _____

Date/Time: _____