



Ascension
St. Vincent's

Mobile Health Outreach Ministry

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT RECEIPT**

Receipt of Notice of Privacy Practices: The patient acknowledges receipt, either at this time or previously, of a copy of the Ascension St. Vincent's Notice of Privacy Practices.

X

Child's Name (Please Print)

X

Parent's Signature

Date

Patient/Resident/Responsible Party refused to sign.

Patient/Resident/Responsible Party was not able to sign.

Please sign this acknowledgement of receipt and place in the patient's chart.