

Patient Privacy Policy Acknowledgment

Date: [Date]

To Whom It May Concern,

I, [Patient's Name], hereby acknowledge that I have received and read the Patient Privacy Policy of [Institution's Name]. I understand my rights regarding the privacy and protection of my personal health information as stated in the policy.

I understand that my health information may be used and disclosed as described in the policy, and I have had the opportunity to ask questions regarding the contents of the policy.

By signing below, I confirm that I have received the Patient Privacy Policy and understand its contents.

Signature: _____

Printed Name: [Patient's Name]

Date: _____

If you have any questions regarding this acknowledgment, please feel free to contact [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Institution's Name]