

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Patient Name: _____

Medical Record #: _____

Date of Admission: _____

By signing this form, you acknowledge that John A. Elstrom, M.D., Robert F. Hall, Jr., M.D., Albi Qeli, M.D., McHenry County Physical Therapy has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003. This includes the situation where your first date of service occurred electronically.

If your first date of serve with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

- I have received John A. Elstrom, M.D., Robert F. Hall, Jr., M.D., Albi Qeli, M.D., McHenry County Physical Therapy Privacy Notice.
- John A. Elstrom, M.D., Robert F. Hall, Jr., M.D., Albi Qeli, M.D., McHenry County Physical Therapy has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient's Signature

John A. Elstrom, M.D., Robert F. Hall, Jr., M.D., Albi Qeli, M.D., McHenry County Physical Therapy staff should complete if Acknowledgement Form is not signed:

1. Does patient have a copy of the Privacy Notice?

Yes No

2. Please explain why the patient was unable to sign an acknowledgement form and the provider's efforts in trying to obtain the patient's signature:

