

NOTICE OF PRIVACY PRACTICES**PATIENT ACKNOWLEDGMENT FORM**

Our Notice of Privacy Practices (“**Notice**”) provides information about: (1) the privacy rights of our patients; and (2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to **AHC-CorporateHIPAA@advocatehealth.com** or a letter to:

**Chief Privacy Officer
Advocate Health Care
3075 Highland Parkway
Suite 600
Downers Grove, IL 60515**

Phone: (630) 929-5922

By signing this form, you are only acknowledging that you have been provided our Notice.

_____	_____
Signature of Patient or Authorized Representative	Date of Signature
_____	_____
Print Name of Patient/Authorized Representative	Date of Birth of the Patient or Medical Record Number
_____	_____
Signature of Parent/Legal Guardian/Legal Representative	Date of Signature
_____	_____
Parent/Legal Guardian/Legal Representative Printed Name	Relationship to Patient