



# Excelsa Health Physician Practices

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE

I acknowledge that I received the Notice of Privacy Practices for Excelsa Health System, which includes the Excelsa Health Physician Practices.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Signature of Patient  
(or patient's personal representative)

\_\_\_\_\_  
Date of receipt

Personal representative information (if applicable):

\_\_\_\_\_  
Name or personal representative

\_\_\_\_\_  
Relationship to patient (or other authority)

\*\* Please specify whom you may want protected health information released to other than yourself:

\_\_\_\_\_  
\_\_\_\_\_

### BELOW IS FOR USE BY EHPP ONLY

I provided the above named  patient  personal representative with the Excelsa Health System Notice of Privacy Practices.

Describe how notice was provided:

Offered copy and individual refused to accept delivery

Offered copy and individual accepted delivery

Other The notice was posted on the Ligonier Camp & Conference  
center's website.

Describe efforts to obtain signature on acknowledgment of notice form:

Patient/personal representative was asked to sign form and refused.

Other This form was sent to all our camper families.

\_\_\_\_\_  
Signature of EHPP Representative

\_\_\_\_\_  
Date