

NextEra Health & Well-Being
Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you a notice of our privacy practices and to acknowledge your receipt of the notice.

What is the *Notice of Privacy Practices*?

The Notice of Privacy Practices explains how your protected health information may be used or disclosed by us. In addition, it explains your rights with regard to your protected health information, as well as our legal responsibilities.

(1) I have been provided a copy of the Notice of Privacy Practices:

Print Name Date of Birth

(2) Can we share your medical information with others listed below to appropriately care for you?

Yes No Spouse (name): _____

Yes No Children (name): _____

Yes No _____

Yes No Friend (name): _____

(3) Signature of Acknowledgement of Receipt of Notice of Privacy Practices.

Signature of Patient Date

Note: If the individual listed above is a minor child or legally incapacitated, a parent or legal guardian/representative should sign below on behalf of the individual and list their relationship.

Signature of Parent, Legal Guardian/Representative Date Relationship

