Main Line Health®
Well ahead.®

FORM – ZNPP

Acknowledgement of receipt of Notice of Privacy Practices

By signing below, I acknowledge receipt of the Notice of Privacy Practices of Main Line Health (MLH). In addition, by signing below, I authorize MLH to disclose my health information in conformance with the provisions of the Notice of Privacy Practices.

Signature of patient	or	Signature or personal representative
Patient name – PRINT		Personal representative's name – PRINT
Date and time		Date and time
		Relationship to patient

Inability to obtain acknowledgement

(To be completed only if no signature is obtained)

No acknowledgement of receipt of Privacy Practices was obtained from the patient because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining the acknowledgement
- ☐ Other (please specify):

Signature of MLH representative	Date and time