

GBMC
6701 North Charles Street
Baltimore, MD 21204

Place Patient Label Here

Acknowledgment of Receipt for GBMC HealthCare, Inc. Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that GBMC provide you with information about how we may use your Protected Health Information (PHI). All of that information is contained in GBMC's ***Notice of Privacy Practices*** ("The Notice") which you have received in a separate pamphlet. The Notice tells you:

- How GBMC may use and disclose your protected health information.
- Your rights with respect to the information and how you may exercise these rights.
- GBMC's legal duties with respect to the information.
- Whom you can contact for further information about GBMC's privacy policies.

I have received a copy of GBMC's Notice of Privacy Practices.

Signature of Patient or Authorized Representative

Date

Time

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
- _____