



ACKNOWLEDGMENT RECEIPT: HIPAA NOTICE OF PRIVACY PRACTICES

In signing this form, you agree that you have received our **Notice of Privacy Practices**. This Notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations. This applies to the privacy practices of HSL and all affiliated covered entities of HSL issuing this Notice.

You have the right to review our **Notice of Privacy Practices** prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by contacting our Chief Privacy Officer at 617-363-8396 or visiting our website at www.hebrewseniorlife.org/privacy-policy.

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that HSL and all affiliated covered entities can use and disclose your protected health information in accordance with HIPAA.

Signature of individual or surrogate decision maker

FULL NAME

SIGNATURE

DATE

Relationship to resident/patient/legal authority (if applicable)

FULL NAME

RELATIONSHIP

DATE