Stanford MEDICINE | Partners

Name

MRN

HIPAA- Notice of Privacy Practice Acknowledgment

Stanford Medicine Partners

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Stanford Medicine Partners. Our Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read our full Notice. If you have any questions about our Notice of Privacy Practices that our registration staff cannot answer, please contact our Executive Director of Compliance at 510-806-3228, or send a written inquiry to the Compliance Office, 7999 Gateway Blvd, Suite 200, Newark, CA 94560

Stanford Medicine Partners is an independent nonprofit organization that is affiliated with but separate from Stanford University, Stanford Health Care, and Stanford Health Care Tri-Valley. Stanford Medicine Partners contracts with medical groups to provide medical care in its clinics. Stanford Medicine Partners, Stanford Health Care, Stanford Health Care Tri-Valley, and Stanford University do not exercise control over such medical groups or the care provided by such medical groups' physicians and advanced practice providers, and are not responsible for their actions. The medical groups' physicians and advanced practice providers who provide care in the Stanford Medicine Partners clinics are not employees, representatives, or agents of Stanford Medicine Partners, Stanford Health Care, Stanford Health Care Tri-Valley, or Stanford University.

ACKNOWLEDGMENT OF RECEIPT: I acknowledge receipt of the Notice of Privacy Practices of Stanford Medicine Partners.

Signature: _____ Date: _____

(patient/parent/personal representative)

Print Name: _____ Relationship to patient: _____

For Internal Use Only: Inability to Obtain Acknowledgment

If Stanford Medicine Partners or its member medical group is not able to obtain the patients acknowledgment, record the good-faith effort made to obtain acknowledgment and the reason acknowledgment not obtained:

Effort to obtain acknowledgment:

- ❒ In-person request
- ❒ Request via mail (send copy of letter to Medical Records for inclusion in patient's record)
- ❒ Request via email
- ❒ Other: _____

Reason acknowledgment was not obtained:

- ❒ Patient refused to sign
- ❒ Patient unable to sign
- ❒ Patient did not return acknowledgment via mail or email
- ❒ Other: _____

Staff Print Name/Title/Clinic:

_____/_____/_____

Staff Signature: _____ Date: _____