

# Entertainment Health Services

**3200 West End Avenue**

**Nashville, TN 37203**

 **615-800-2634**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. EHS Notice of Privacy Practices provides information about how we may use and disclose your protected health information. I encourage you to read it in full.

EHS Notice of Privacy Practices is subject to change. The most recent version will always be at my website at www.ehsnashville.com in the Forms section. If we change

this notice, you may obtain a copy of the revised notice from EHS by contacting us at the phone number above.

If you have any questions about EHS Notice of Privacy Practices, please contact us at the phone number above.

I acknowledge receipt of the Notice of Privacy Practices of Entertainment Health

Services (EHS)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(patient/parent/conservator/guardian

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patient’s acknowledgement of his or her receipt of my Notice of Privacy Practices, including [describe good faith attempts].

However, because of [describe reasons why acknowledgement was not obtained] I was unable to obtain my patient’s acknowledgement.

Signature of provider: Date: