



**HERITAGE VALLEY HEALTH SYSTEM  
CORPORATE COMPLIANCE PROGRAM**

**HVMG PRIMARY CARE – ELLWOOD CITY**

**Receipt of Notice of Privacy Practices  
Acknowledgement Statement**

I acknowledge I have received a copy of Heritage Valley Health Systems Notice of Privacy Practices for Protected Health Information.

Patient Name - please print: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_