



HERITAGE VALLEY HEALTH SYSTEM  
CORPORATE COMPLIANCE PROGRAM

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)*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
In the event of the patients emergency condition, signature of person receiving Notice for patient.

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\*\*\*FOR OFFICE USE ONLY  
COMMENTS

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