

MINNESOTA LUNG CENTER/MINNESOTA SLEEP INSTITUTE

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in the Minnesota Lung Center/Minnesota Sleep Institute, (MLC /MSI) Notice of Privacy Practices. MLC/MSI is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

PATIENT NAME: _____

PATIENT REPRESENTATIVE: _____

If signed by a patient representative, state authority to act on behalf of patient:

Signature: _____ Date: _____

MLC/MSI USE ONLY

I, _____, attempted to obtain the patient's acknowledgment
Of the receipt of the Notice of Privacy Practices, but was unable to do so.

Reason acknowledgment not obtained:

Signature: _____ Date: _____