

West Village Rehabilitation and Nursing Center

Effective Date: September 2023

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I, _____, the Resident, acknowledge and agree that I have received a copy of West Village Rehabilitation and Nursing Center's Notice of Privacy Practices.

Resident Signature

Date

Print Name of Resident's
Legal/Designated Representative

Relationship to Resident

Signature of Resident's
Legal/Designated Representative
(If applicable)

Date

Witness

Date

FOR WEST VILLAGE REHABILITATION AND NURSING CENTER USE ONLY:

INSTRUCTIONS: (1) *If the Resident has a Legal/Designated Representative with authority to make health care decisions on his/her behalf, then the Notice of Privacy Practices must be given to and an acknowledgment obtained from the Resident's Legal/Designated Representative. If the Resident or the Legal/Designated Representative did not sign above, then proceed to #2 below.*

(2) *Identify below the efforts that were made to obtain the Resident or the Legal/Designated Representative's written acknowledgment, including the reason(s) (if known) why the written acknowledgment was not obtained from such individual.*

West Village Rehabilitation and Nursing Center made the following good faith efforts to obtain the above referenced individual's written acknowledgment of receipt of the Notice of Privacy Practices:

West Village Rehabilitation and Nursing
Center Representative Signature

Date