

InSite Services

CLIENT NOTICE OF PRIVACY PRACTICES:

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of **InSite Services**. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our Medical Records Department. For your convenience, our *Notice of Privacy Practices* is also posted on our website at www.insite2win@gmail.com and throughout our facility.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Compliance Department
(909) 283-3016

I acknowledge receipt of the *Notice of Privacy Practices* of **InSite Services**

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

Patient/Client's _____

Relationship to patient/ _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT (For office use only)

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature: _____ Date: _____

Title: _____