



# DELTA HEALTH

2117 Bentley Plaza  
Fenton, MO 63026  
Phone: 636-825-2200  
Fax: 636-825-2201

## Acknowledgment

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Patient Name: \_\_\_\_\_  
(Please print)

### Receipt of Privacy Practices

By signing this form, I acknowledge receipt of the Notice of Privacy Practices of Delta Health. The Notice of Privacy Practices provides information about how Delta Health may use and disclose my protected health information. Delta Health encouraged me to read it in full.

If I have any questions about the Notice of Privacy Practices, I have been advised to contact Delta Health at:

2117 Bentley Plaza Dr  
Fenton, MO 63026  
636-825-2200

The Notice of Privacy Practices is subject to change. If Delta Health changes the Notice, I may obtain a copy of the revised Notice by contacting Delta Health at the above address.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

### INABILITY TO OBTAIN ACKNOWLEDGMENT

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

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date

An Acknowledgment was not obtained because:

- Patient refused to sign
- Patient was unable to sign because:

\_\_\_\_\_  
 There was a medical emergency