

Our Notice of Privacy Practices (“**Notice**”) provides information about: (1) the privacy rights of our patients; and (2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to AHC-CorporateHIPAA@advocatehealth.com or a letter to:

**Chief Privacy Officer
Advocate Health Care
3075 Highland Parkway
Suite 600
Downers Grove, IL 60515**

Phone: (630) 929-5922

By signing this form, you are only acknowledging that you have been provided our Notice.

Signature of Patient or Authorized Representative

Date of Signature

Print Name of Patient/Authorized Representative

Date of Birth of the Patient or
Medical Record Number

Signature of Parent/Legal Guardian/Legal
Representative

Date of Signature

Parent/Legal Guardian/Legal Representative
Printed Name

Relationship to Patient

* Advocate Health Care
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**NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGMENT FORM**

Patient Label