DES MOINES UNIVERSITY

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 Des Moines University's Notice of Privacy Practices. Des Moines University 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.

By signing below, you are acknowledging that you have received a copy of Des Moines University's Notice of Privacy Practices.

Patient name: _____

Patient Representative (if applicable): _____

If signed by Patient Representative, state authority to act on behalf of patient: _____

_____

Signature: _____ Date: _____

DES MOINES UNIVERSITY USE ONLY

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

Reason acknowledgement not obtained:

Signature: _____ Date: _____