



**隐私保护细则通知接收确认函
(ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES-CHINESE)**

本人明白，上述Hoag医院及其附属机构可能会共享本人的健康信息，用于治疗、账单结算和医疗手术。本人已收到一份隐私保护细则通知，其中描述了上述机构将如何使用和共享本人的健康信息。本人明白，上述Hoag医院及其附属机构有权随时更改本通知。本人可以通过联系本人的医疗服务人员办公室另外获得一份通知。

本人确认已收到隐私保护细则通知：

患者姓名： _____
(Patient's Name)

患者/法定代表人签字： _____ 日期： _____
(Patient/Legal Representative Signature) (Date)

如果签字人不是患者本人，请注明其与患者之间的关系： _____
(If signed by other than patient, indicate relationship)

工整书写姓名（法定代表人）： _____
(Print Name – Legal Representative)

INABILITY TO OBTAIN ACKNOWLEDGMENT

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

Reasons why the acknowledgment was not obtained:

- Patient or Legal Representative received Notice of Privacy Practices but refused to sign Acknowledgment of Receipt
- Patient or Legal Representative unavailable to acknowledge receipt of Notice of Privacy Practices
- Other: _____

Patient Name: _____

Staff Print Name: _____ Signature: _____ Date: _____

HIPAA NOTICE OF PRIVACY

Form# 8007-C
Patient Level

Rev 06/01/23

PATIENT LABEL



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