



Acknowledgement That You Have Received Our HIPAA Privacy Notice

Rise is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher or other healthcare provider
- Medical history
- Test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information maybe used and shared.

- I acknowledge that I have received a copy of Rise’s HIPPA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.**
- I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.**
- I understand Rise cannot disclose my health information other than as specified in the notice.**
- I understand that Rise reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.**

Print Name of Patient

Date

Signature of Patient or Legal Representative

Relationship to Patient

Please Note: It is your right to refuse to sign this Acknowledgement.

Office Use Only

I tried to obtain written Acknowledgement of our Privacy Notice by the patient/legal representative noted above. It could not be obtained for the following reason(s)

- An emergency prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- A communication barrier prevented us from obtaining acknowledgement.
- Other: _____

Staff Member Signature

Date