



PLAQUEMINES MEDICAL CENTER

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been offered a copy of the Notice of Privacy Practices for the Practice of Plaquemines Medical Center, which describes how health information about myself may be used or disclosed and how I can obtain access to this information.

Patient/Guardian Signature

Witness

Print Name of Patient

Patient's Date of Birth

Date of Signature

Date

Documentation of Failure to Obtain Signed Acknowledgement:

On _____, this Acknowledgement of Receipt
of Notice of Privacy Practices was presented to

(the Patient/Guardian). The Patient
/Guardian refused to provide a signature when requested.

Privacy Officer:
Leslie R. Prest, Administrator
27136 Hwy. 23
Port Sulphur, LA 70083
(504) 564-3344