

J. Acknowledgement of Receipt of Notice of Privacy Practices

Name: _____

Address: _____

Facility Name: _____

I acknowledge that I have received or been offered a copy of Pepperdine University's NPP which describes how my PHI is used and shared. I understand that Pepperdine University has the right to change this NPP at any time. I may obtain a current copy by contacting the Department in which my care was provided or by visiting Pepperdine University's website at

http://www.pepperdine.edu/provost/content/policies/hipaa_manual_5_2012.pdf.

My signature below acknowledges that I have been offered a copy or provided with a copy of the NPP:

Signature of Patient

Date

Print Name

Personal Representative's Title (*e.g., Guardian, Executor of Estate, Health Care Power of Attorney*)

For Department Use Only: Complete this section if you are unable to obtain a signature.

- If the patient or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

- Describe the steps taken to obtain the patient's (or personal representative's) signature on the *Acknowledgement*:

