

Acknowledgment of Receipt of Notice of Privacy Policy

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 the Illinois Pathways to Health by AgeOptions Notice of Privacy Practices. AgeOptions is permitted to revise their Notice of Privacy Practices at any time. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

By signing below, you are acknowledging that you have received a copy of the Notice of Privacy Practices.

Participant's Printed Name: _____

Patient Representative: _____

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

Participant/Representative Signature: _____ Date: _____

Entity Use Only

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

Reason acknowledgment not obtained: _____

Signature: _____ Date: _____