

AXIS COMMUNITY HEALTH

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices (NPP) of Axis Community Health. The NPP provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full NPP. If you have any questions about our NPP that our registration staff cannot answer, please contact our Privacy Officer at (925) 201-6211, or send a written inquiry to the Compliance Office, 5925 W. Las Positas Blvd., Suite 100, Pleasanton, CA 94588.

Name of Patient/Client (print)

Signature of Patient/Client

Date

Signature of Patient/Client Representative

Date

(Required if Patient/Client is a minor or an adult who is unable to sign this form)

Patient/Client Representative Print Name

Patient/Client Representative: Indicate Relationship to Patient

FOR OFFICE USE ONLY

If Axis is not able to obtain the patient's written acknowledgment, record the good-faith effort made to obtain acknowledgment and the reason written acknowledgment could not be obtained:

Effort to obtain acknowledgment:

- ☐ In-person request
- ☐ Request via mail
- ☐ Request via email
- ☐ Other: _____

Reason acknowledgment was not obtained:

- ☐ Patient refused to sign
- ☐ Patient unable to sign
- ☐ Patient did not return acknowledgment via mail or email
- ☐ Other: _____

Employee Signature: _____ Date: _____

Employee Print Name: _____