



Serve the People Community Health Center (STP CHC)

Acknowledgement Form for our Notice of Privacy Practices

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| Patient's Name: | | Date of Birth: | |
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We are committed to protecting your personal health information in compliance with the law. The Notice of Privacy Practices states the following:

- Our obligation under the law regarding your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our notice of Privacy Practices
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this notice.
- The person to contact for further information about our privacy practices.

We are required by law to inform you of our Notice of Privacy Practices and to obtain your written acknowledgement. If you wish to receive a copy of our Notice of Privacy Practices, please inform the staff and they will give you a paper copy.

You can also view our Notice of Privacy Practices by going to <https://serve-the-people.com/> and clicking on the “Notice of Privacy – English” link located at the bottom of the page.

Patient acknowledgement of receipt

By signing below, I hereby acknowledge that I am aware of STP CHC’s Notice of Privacy Practices. This acknowledgement form remains valid indefinitely. It will only need to be signed again if the privacy practices are updated by the clinic.

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| | |
| Signature of Patient / Parent/ Tutor / Representative | If applicable, relationship to patient |
| | |
| If applicable, description of legal authority to act on behalf of patient | Date (MM/DD/YYYY) |