

**NATHAN LITTAUER HOSPITAL & NURSING HOME**

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

*Employee responsible for providing this notice please complete the following information. Have patient/resident or authorized representative sign where indicated.*

_____	_____
Print Patient/Resident Name	Patient/Resident Medical Record Number <i>(if known)</i>
_____	_____
Social Security Number	or Date of Birth

I hereby acknowledge that I have received a copy of the Nathan Littauer Hospital & Nursing Home *Notice of Privacy Practices*.

_____	_____
Date	Signature of Patient/Resident or Authorized Representative

<b>FOR HOSPITAL/NURSING HOME USE ONLY</b> <i>If unable to obtain patient/resident or authorized representative signature, please complete the following information.</i>	
_____	_____
Print Employee Name	Date
<p>I delivered Nathan Littauer Hospital &amp; Nursing Home's <i>Notice of Privacy Practices</i> to the above named patient/resident. I attempted to obtain an acknowledgement of the receipt of the <i>Notice of Privacy Practices</i> but was unable to do so.</p> <p>Describe below the reason acknowledgement was not obtained.</p> <p>_____</p> <p>_____</p>	
_____	
Signature of Employee	

- GPCC    JPCC    MPCC    SPCC    FPA    CPCC    APCC    NH  
 PPCC
- Keyed