

Acknowledgement of Receipt of I.H.S. Notice of Privacy Practices

I hereby acknowledge receipt of the Indian Health Service (I.H.S.) Notice of Privacy Practices at:

Yavapai-Apache Health Center
2400 West Datsi St.
Camp Verde, Arizona 86322

Patient Signature

Date

for

Signature of Patient Representative (CHILD'S NAME) ↑
(Relation of patient or witness) (For thumbprint or mark)

Date

Signature and Title of YAHC Employee

Date

For Patients Unable to Acknowledge Receipt

I hereby certify that the patient was unable to acknowledge receipt of the I.H.S. Notice of Practices because:

Signature of YAHC Staff

Date