



"CARING FOR OHANA, CARING FOR YOU"



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

Hamakua Health Center, Inc. keeps record of health care services we provide you. You may ask to see and receive a copy of your health record. You may also ask to correct that record. Hamakua Health Center will not disclose your records to others, unless you direct us to do so, or unless the law authorizes or requires us to do so. To see your record or need more information about it please contact us at (808)775-7204.

The Notice of Privacy Practice describes in detail how your health information may be used and disclosed, and how you can access your information.

**By signing below, I acknowledge that I have been presented with a copy of the Hamakua Health Center, Inc. Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information:**

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person who signed on behalf of patient

\_\_\_\_\_  
Relationship to patient

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**Internal Use Only**

If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to the patient/representative and sign below

Presented on (date and time):  
  
\_\_\_\_\_

By (name and title):  
  
\_\_\_\_\_