# HIPAA – ACKNOWLEDGEMENT OF RECEIPT

# NOTICE OF PRIVACY PRACTICES

Lackey Memorial Hospital and its affiliated clinics (LMH) is required by law to maintain your privacy and to provide you with a Notice of our privacy policies. If you would like a copy of the notice or would like to receive the notice via email, please let us know.

I acknowledge that I have reviewed LMH's HIPAA –

Notice of Privacy Practices document effective April 1, 2021.

Patient Name (please print): _____

Patient Date of Birth: _____

Email Address: _____

Signature of Patient or Guardian: _____

Date: _____

| Form Number | Origination Date | Revision Date | Obsolete Date | |
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| HIPAA 001 | | | | |