

This form is intended to serve as a sample for Michigan attorneys assisting clients with forms for HIPAA compliance. Under HIPAA preemption standards a HIPAA form is not intended to replace a current form being used in compliance with applicable Michigan law. Use of the sample HIPAA forms will require integration of the HIPAA sample form with existing forms currently in use. The attorney also may wish to consult the HIPAA Matrix to determine if any preemption issue under Michigan law needs to be addressed in the form. This form is for educational purposes only and does not constitute, and may not be relied upon, as legal advice.

FOR PROVIDERS WITH DIRECT TREATMENTS

SAMPLE ACKNOWLEDGMENT

I acknowledge

A copy of the provider's Notice of Privacy Practices was made available to me at the place where I went for health care services.

The Notice of Privacy Practices was posted in a clear and prominent location where I was able to read the Notice of Privacy Practices.

I know that I can ask for a copy of the Notice of Privacy Practices to take with me.

If I came in for health care services in an emergency treatment situation, I was able to view the Notice as soon as reasonably practicable after the emergency treatment situation.

Patient or Patient Representative Signature

Date

If an acknowledgment is not obtained, document below provider's good faith efforts to obtain the acknowledgment and the reason why the acknowledgment was not obtained

Optional Language:

Task Force members have discussed the following optional language that can be added to the form:

Instructions:

The Notice must be made available to the patient no later than the first day they receive health care services after April 14, 2003 (and if they receive health care services electronically, they must be able to view the Notice electronically).