

HIPAA ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Memorial Hospital, Chester, Illinois AND Rural Health Clinics, Chester and Steeleville, Illinois

Our Notice of Privacy Practices provides information about how we may use/disclose protected health/confidential information about you. As provided in the Notice, the terms of this notice may change. If changes are made to the Notice, we will promptly post it on the Memorial Hospital Website, www.mhchester.com, and in the Hospital's and Rural Health Clinic's Main Registration Areas as well as offer and/or given to each patient as he/she is registered. We will also provide a copy upon request for those who wish to obtain it.

You are asked to sign this acknowledgement and in so doing, you acknowledge that you have been offered and/or received a copy of Memorial's and/or the Rural Health Clinic's Notice of Privacy Practices regarding our use/disclosure of your protected health/confidential information which includes being listed in the hospital directory, notification of others involved in your care and sending a copy to your family doctor.

The signing or not signing of this acknowledgement will not inhibit your treatment. You have the right to request a restriction as outlined in the Notice. A request must be made in writing; the request will be acknowledged in writing. Memorial/RHC may either approve or deny the request depending upon the circumstances. In the event we have already made disclosures in reliance of your prior acknowledgement, that information will not be restricted.

I hereby acknowledge that I have been offered and/or given today and/or previously, the Notice of Privacy Practices of Memorial Hospital, Chester, Illinois and Rural Health Clinics of Chester and Steeleville, Illinois.

Signature of Patient (or Representative)	(Date)	Signature of Witness

Patient Refused to Sign this Acknowledgement

The patient could not be given the Notice of Privacy Practices or could not sign the Acknowledgement of the Notice at the time of registration because patient was:

Comatose Incoherent or Confused

Physically or Mentally incapable of espousing their name to the staff.

Other Reason (Please Specify) _____

Signature of Registration Clerk	(Date)

NOTE: In emergencies, providers are not required to provide patients with a Notice of Privacy Practices. However, they must give patients the Notice at an appropriate time after the emergency has ended. Distribution of the Notice of Privacy Practices are permitted through the mail or E-mail.

Revised: 3/19/03; 6/12/03, 3/20/10, 8/21/13, 10/16/17; 11/6/17