

PATHWAYS TO INDEPENDENCE

Notice Of Privacy Practices Acknowledgement

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Pathways to Independence ("Pathways"). Our Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read our full Notice. If you have any questions about our Notice of Privacy Practices that our registration staff cannot answer, please contact our Privacy Office at Craig Strohbeck, CTRS, Executive Director, Pathways to Independence, 200 S. Hanley Road, Suite 507, Clayton, MO 63105, (314) 863-0202, craig@pathways2independence.com.

ACKNOWLEDGEMENT OF RECEIPT: I acknowledge receipt of the Notice of Privacy Practices of Pathways to Independence.

Signature: _____ Date: _____
Patient, Parent or Personal Representative

If other than the patient, specify relationship: _____

Table with 2 rows and 3 columns: Interpreter Signature, Print Name, Language; Date, Time, Position/Relationship to Patient

FOR PATHWAYS USE ONLY; INABILITY TO OBTAIN ACKNOWLEDGEMENT

If Pathways to Independence is not able to obtain the patient's acknowledgement, record the good faith effort made to obtain acknowledgement, and the reason acknowledgement was not obtained:

Effort to obtain acknowledgement:

- € In-person request € Request via mail (send copy of letter to HIMS for inclusion in patient's record)
€ Request via email € Other: _____

Reason acknowledgement was not obtained:

- € Patient refused to sign € Patient did not return acknowledgment via mail, e-mail
€ Patient unable to sign € Other: _____

Staff: _____ Signature _____ Print Name _____ Date _____