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HIPAAACK

## HIPAA Acknowledgment

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting the Privacy Office at Avera McKennan Hospital & University Health Center.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices dated July 1, 2003.

Print Patient Name: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Signature of Representative if Other than Patient: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_