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.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices dated March 1, 2017.

Signature of patient: ____________________________________________________________
Printed name of patient: _________________________________________________________
Signature of representative if other than patient: ________________________________
Printed name of representative if other than patient: ________________________________
Relationship to patient: _________________________________________________________
Time: ___________________________ Date: ________________________________