

**Acknowledgement of HIPAA Omnibus Final Rule
Notice of Privacy Practices - FMC Medical Clinic - Fayette (FMC)**

I, _____, acknowledge that I either received the DCH Health System Notice of Privacy Practices or had the notice made available to me on the date I received healthcare services.

Patient Signature

Date/Time

Patient's Representative (if patient is unable to sign)

Date/Time

Relationship to Patient

Good Faith Effort

I, _____, a DCH Health System employee, certify that the facility employees and agents made a good faith effort to obtain a written acknowledgement of receipt of the *Acknowledgement of HIPAA Omnibus Final Rule Notice of Privacy Practices*, however, for the following reasons the written acknowledgement was not obtained:

Employee

Date/Time



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FMC**

