## Acknowledgement of HIPAA Omnibus Final Rule Notice of Privacy Practices - WAUA

l,,	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	

DCH Health System ® Acknowledgement of HIPAA Omnibus Final Rule Notice of Privacy Practices -WAUA

