



Orr & Associates Memory Clinic
720 Main Street #204 Mendota Heights, MN. 55118 *651-528-8183
Dr. William Orr MD. PhD.
Sue Bikkie DNP • Jana Gegen, DNP

ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have reviewed and received a copy of this office's Notice of Privacy Practices explaining:

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information.
- This office's obligations concerning the use and disclosure of my protected health information.

I understand that the *Notice of Privacy Practices* may be revised from time to time and that I am entitled to receive a copy of any revised *Notice of Privacy Practices* upon request.

I also understand that if I have any questions or complaints, I may contact Orr & Associates Memory Clinic.

I understand that I may also contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Please contact our office for information on how to contact the U.S. Department of Health and Human Services.

Name (please print): _____ or Legal Guardian/POA: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Office Use Only

If the individual or legal guardian/POA did not sign above, staff must document when and how the *Notice of Privacy Practices* was given to the individual and why the acknowledgment could not be obtained.

- Patient/Legal guardian/POA refused to sign (date): _____
- Communication barriers prohibited obtaining an acknowledgment.
- An emergency situation prevented us from obtaining an acknowledgment.
- Other _____

Attempt was made by: _____ Date: _____