ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

As required by the Privacy Regulations, I hereby acknowledge that I have been **offered** a current copy of Camai CHC, Inc's "NOTICE OF PRIVACY PRACTICES"

As required by the Privacy Regulations, I am aware that Camai Community Health Center, Inc. has included a provision that it reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests: I wish to object to the following in the foll	wing in the "Notice of Privacy Practices":	
I understand that Camai CHC is not requ Privacy Practices" unless such changes a	uired to honor any requests for changes to the "Norre mandated by federal statute.	otice of
Patient's Signature	Date	
Print Patient's Name		
(OFFICE USE ONLY)		
Signed form received by:STAFF MEM	Date:	
Employee Signature:		
Good faith effort to obtain signature: (Descri	ribe)	