

Christian Health Care Center

Notice of Privacy Practices for Protected Health Information (PHI)

Acknowledgement Statement

This Notice of Privacy Practices provides information about how Christian Health Care Center (CHCC) may use and disclose protected health information (PHI) about you. You have the right to review our notice before signing this Acknowledgement Statement. As provided in our notice, the terms of our notice may change. If we change our notice, the revised notice will be:

- a. distributed during the admission process;
b. posted in public areas, including the CHCC website; and
c. mailed, if the patient/legal representative contacts the Privacy Officer in writing to request a copy.

You have the right to request that we limit/restrict how PHI about you is used or disclosed for treatment, payment, or health-care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

You have the right to revoke any limitations/restrictions, in writing, except where we have already made disclosures in reliance on your prior acknowledgement.

By signing this form, you acknowledge your receipt of our Notice of Privacy Practices relative to our use and disclosure of PHI about you as outlined in this Notice.

Patient name (print): _____

Name of legal representative, if applicable (print): _____

Relationship to patient, if applicable (print): _____

Signature: _____ Date: _____ Time: _____

Program (Check one):

- ___ Ramapo Ridge Psychiatric Hospital
___ Pathways
___ Ramapo Ridge Partial Program
___ Other program: _____
___ Christian Health Care Counseling Center (please print)

Completed Acknowledgement Statement to be filed in medical record.

If you have any questions about the Notice of Privacy Practices, please contact:

Privacy Officer
Health Information Management Department
Christian Health Care Center
301 Sicomac Ave.
Wyckoff, NJ 07481

FOR STAFF USE ONLY

The patient/legal representative did not sign this Acknowledgement Statement for the following reason(s):

Comments (i.e., objections): _____

Name and title of employee: _____

Signature of employee: _____ Date: _____ Time: _____