



## HPF4.01a Privacy Notice Acknowledgement of Receipt

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Name of Individual

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Individual DOB (MO/DY/YEAR)

**Signature**

*By signing below, I acknowledge that I have been provided a copy of YAI's Notice of Privacy Practices and have therefore been advised of how medical information about me may be used and disclosed by YAI and how I may obtain access to this information.*

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Signature of Individual or Personal Representative

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Print Name of Individual or Personal Representative

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Description of Personal Representative's Authority (if applicable)

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Date



**For internal use only:**

**Signed Form Received By:**

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Name

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Program Name

**Declined to Sign Acknowledgment**

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Efforts to Obtain Signature:

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Reason for Refusal:

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