

**THE HOUSE INSTITUTE
JOINT NOTICE OF PRIVACY PRACTICES**

ACKNOWLEDGEMENT FORM

The House Institute is required by law to request acknowledgment from you confirming that you received its Joint Notice of Privacy Practices. You are not required to review the The House Institute Joint Notice of Privacy Practices. You are not required to review the The House Institute Joint Notice of Privacy Practices prior to receiving treatment at The House Institute. Accordingly, by signing below, you acknowledge that you have been provided with a The House Institute Joint Notice of Privacy Practices.

Print Name

Signature

Date

The House Institute Internal Use Only

Acknowledgement Received? Yes Date: _____
 No Date: _____

State Reasons:

HEC # _____