

Effective Date: \_\_\_\_\_

**Acknowledgement of Receipt:**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Barlow Respiratory Hospital. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by:

- Accessing our web site, [www.barlow2000.org](http://www.barlow2000.org)
- Contacting our organization at 1-800-797-4274

If you have any questions about our Notice of Privacy Practices, please contact Barlow Respiratory Hospital Privacy Officer.

I acknowledge receipt of the Notice of Privacy Practices of Barlow Respiratory Hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signed by someone other than the patient, state your legal relationship to the patient:**

**FOR BARLOW RESPIRATORY HOSPITAL USE ONLY:  
Inability to Obtain Acknowledgement (To be completed only if no signature is obtained.)**

Describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

- Patient unable to sign
- Personal representative not present
- Patient refused to sign
- Other: \_\_\_\_\_

Signature of BRH Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT OF RECEIPT**

Barlow Respiratory Hospital  
2000 Stadium Way - Los Angeles, CA 90026  
(213) 250-4200  
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