



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Oklahoma Cancer Specialists and Research Institute (OCSRI) is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of Oklahoma Cancer Specialists and Research Institute's Notice of Privacy Practices.

Date: _____

Patient Name (please print)

Patient's Signature

Date of Birth

Personal Representative (please print)*

Personal Representative's Signature

*May be requested to show proof of representative status

For OCSRI Use Only

Date acknowledgement received: _____ & Date of Privacy Notice: _____

-OR-

I have made a good faith effort to obtain a written acknowledgement of receipt of OCSRI's Notice of Privacy Practices but was unable to for the following reason:

☐ Patient refused to sign

☐ Patient unable to sign

☐ Other _____

EMPLOYEE'S NAME: _____ DATE: _____