



MOSES CONE HEALTH SYSTEM



PATIENT RECEIPT OF NOTICE OF PRIVACY PRACTICES (NPP)

Note: Please complete all items in this section.

I have been given a copy of the *Moses Cone Health System* Notice of Privacy Practices.

Patient's Name (Please Print)

Date of Birth

Signature of Patient or Representative

Date

Relationship of Representative to Patient

FOR MOSES CONE HEALTH SYSTEM USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain their acknowledgment and the reason you could not obtain it:

Employee Signature

Date