

Notice of Privacy Practices  
Acknowledgement of Receipt

**ACKNOWLEDGMENT OF RECEIPT**

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Memorial Hospital Los Banos. 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 at [www.memoriallosbanos.org](http://www.memoriallosbanos.org), or by phone at (209) 826-0591.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Privacy Officer  
(209) 826-0591  
520 W. I St.  
Los Banos, CA 93635

I acknowledge receipt of the *Notice of Privacy Practices* of Memorial Hospital Los Banos.

Signature: \_\_\_\_\_  
(patient/parent/conservator/guardian)

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

**INABILITY TO OBTAIN ACKNOWLEDGEMENT**

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts make to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

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Signature of provider representative: \_\_\_\_\_ Date: \_\_\_\_\_



*Memorial Hospitals  
Association*

A Sutter Health Affiliate

Memorial Hospital Los  
Banos  
520 West I Street  
Los Banos, CA 93635  
(209) 826-0591

PT LABEL: