



确认已收到隐私保护细则通知

(ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES – CHINESE)

本人明白，Hoag 长老会纪念医院 (Hoag Memorial Hospital Presbyterian) 及其附属机构和关联医疗服务提供者（以下简称“Hoag”）可能会共享本人的健康信息，用于治疗、账单结算和医疗手术。本人已收到一份 Hoag 的隐私保护细则通知，其中描述了上述机构将如何使用和共享本人的健康信息。本人明白，Hoag 有权随时更改本通知。本人可以通过访问网站 www.hoag.org 或联系医疗服务提供者的登记处另外获得一份通知。

本人确认已收到 Hoag 长老会纪念医院的隐私保护细则通知：

患者姓名：\_\_\_\_\_
(Patient's Name)

患者/法定代表人签字：\_\_\_\_\_ 日期：\_\_\_\_\_
(Patient/Legal Representative Signature) (Date)

如果签字人不是患者本人，请注明其与患者之间的关系：\_\_\_\_\_
(If signed by other than patient, indicate relationship)

打印姓名（法定代表人）：\_\_\_\_\_
(Print Name – Legal Representative)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Reasons why the acknowledgement was not obtained:

- checkboxes for: Patient or Legal Representative received Notice of Privacy Practices but refused to sign Acknowledgement of Receipt. Patient or Legal Representative unavailable to acknowledge receipt of Notice of Privacy Practices. Other: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Hoag Staff Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

