

Acknowledgment of Receipt of LMH Notice of Privacy Practices

The LMH Health Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our Notice before signing this acknowledgment. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting Admissions at (785) 505-6101 or visiting our website at www.lmh.org/privacy.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

My signature below acknowledges that I have been offered a copy of the LMH Notice of Privacy Practices.

Paper Copy

Email Copy

Email Address: _____

Declined Copy

If signed by a Legal Representative, please describe the relationship of the individual signing to the patient.

Patient Name

Date

Patient or Patient Representative Signature

Relationship to Patient (if Patient Representative)

Reason for Decline



LMH Receipt Privacy Practices
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ORIG: 2/2009 REV: 10/2019
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The Lawrence Memorial Hospital DBA



325 Maine Street, Lawrence, KS 66044

Patient Label