



## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Maple Star Nevada Notice of Privacy Practices (“Notice”):

- The information contained in this Notice has been explained to me, and I understand that I may ask questions about the Notice, and my rights, at any time.
- The Notice tells me how Maple Star Nevada will use my health information for the purposes of my treatment, payment for my treatment, and Maple Star Nevada’s health care operations.
- The Notices explain in more detail how Maple Star Nevada may use and share my health information for other than treatment, payment, and health care operations.
- Maple Star Nevada will also use and share my health information as required/permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person signing above and Title if Legal Representative (parent, legal guardian, conservator, etc.)

\_\_\_\_\_  
Staff Signature and Title

\_\_\_\_\_  
Date