



HĀMĀKUA-KOHALA HEALTH

Caring for your 'ohana, Caring for you

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE and INFORMATION REGARDING THE HAWAII
IMMUNIZATION REGISTRY**

Hamakua Health Center, Inc. keeps record of health care services we provide you. You may ask to see and receive a copy of your health record. You may also ask to correct that record. Hamakua Health Center will not disclose your records to others, unless you direct us to do so, or unless the law authorizes or requires us to do so. To see your record or need more information about it please contact us at (808)775-7204.

The Notice of Privacy Practice describes in detail how your health information may be used and disclosed, and how you can access your information.

By signing below, I acknowledge that I have been presented with a copy of the Hamakua Health Center, Inc. Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information:

And I have received Hawaii Immunization Registry Information:

Signature of patient or authorized representative

Date

Printed name of person who signed on behalf of patient

Relationship to patient

I wish to place the following restrictions on disclosure of my health information:

Internal Use Only

If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to the patient/representative and sign below

Presented on (date and time): _____

By (name and title): _____