



Sto-Rox Family Health Center
 710 Thompson Avenue
 McKees Rocks, PA 15136
 Phone: (412) 771-6462 (medical)
 (412) 771-1839 (dental)
 Fax: (412) 771-5887

Hilltop Community Health Center
 151 Ruth Street
 Pittsburgh, PA 15211
 Phone: (412) 431-3520
 Fax: (412) 431-3525

Patient Acknowledgement of Notice of Privacy Practices

I acknowledge I have received the Notice of Privacy Practice of Sto-Rox Neighborhood Health Council, Inc.

Name: _____
 (Print Name of Patient/Patient Representative)

By: _____
 (Signature of Patient/Patient Representative)

Date: _____

 (If Signed by Patient Representative, Indicate Relationship to Patient)

I hereby authorize the following individual(s) to have access to my protected health information (PHI) – **No access to anyone except the individuals specifically listed below:**

- | | |
|------------------------------------|------------------------------------|
| <input type="radio"/> Spouse _____ | <input type="radio"/> Parent _____ |
| <input type="radio"/> Child _____ | <input type="radio"/> Other _____ |

Other Request or limitations regarding your protected health information (PHI): _____

For Office Use Only:

If it is not possible to obtain the individuals acknowledgement, describe the good faith efforts made to obtain the individual’s acknowledgement, and the reasons why the Acknowledgement was not obtained:

By: _____
 (Signature of Center Representative)

Date: _____

Name: _____
 (Print Name of Center Representative)

Title: _____
 (Print Title of Center Representative)