



CORNERSTONE CARE, INC.

Acknowledgement of Receipt of Notice of Privacy Practices

Cornerstone Care, Inc has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning this information. Please review the notice and then sign this acknowledgment.

We reserve the right to change our Notice of Privacy Practices and make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effectiveness of the change. You may contact the Privacy Officer at 724-943-3308.

Acknowledgment of Receipt: I acknowledge that I have received and understand and agree to the Notice of Privacy Practices for Cornerstone Care, Inc.

Patient Name: _____

Patient DOB: _____

Patient (or Representative) Signature: _____

Date: _____

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Acknowledgment of Notice & Consent of Access, Communication & Disclosure of Health Information

I acknowledge that in order to provide me with complete and safe healthcare, information regarding my medications from any and all of my treating providers, may be downloaded through RX Hub, into Cornerstone Care’s record of my health information and hereby give my consent.

I acknowledge that Cornerstone Care may attempt to contact me by telephone and may leave general information regarding my health information via voicemail or answering machine and hereby give my consent.

I give my permission to Cornerstone Care, Inc. to release my Health Information to:

Name	What Information may be released	Relationship to Patient	Telephone Number
	<input type="checkbox"/> Administrative <input type="checkbox"/> Treatment		
	<input type="checkbox"/> Administrative <input type="checkbox"/> Treatment		
	<input type="checkbox"/> Administrative <input type="checkbox"/> Treatment		
	<input type="checkbox"/> Administrative <input type="checkbox"/> Treatment		
	<input type="checkbox"/> Administrative <input type="checkbox"/> Treatment		

*Administrative refers to things such as appointment scheduling, and payment for visits or any other administrative information

*Treatment refers to any information involved in the patient’s care such as visit notes, diagnosis, labs/results or any other treatment related information (***This excludes HIV/AIDS Test Results and Family Planning Services***)

Patient or Representative Signature: _____

Date: _____

Good Faith Efforts to Obtain Acknowledgement of Receipt

I provided the patient/representative with Notice of Privacy Practices. It was: accepted. refused.

Efforts to obtain signature: Patient/representative refused to sign. Other: _____

Staff Name/Signature: _____

Date: _____