

## Notice of Privacy Practices Acknowledgment

The Wake Forest Baptist Health Notice of Privacy Practices states how we may use and release your health information. By signing below, you (or your legal representative) agree that you have been offered the opportunity to review the Wake Forest Baptist Health Notice of Privacy Practices, which has been revised as of August 23, 2018.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

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### FOR WFBH USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain their acknowledgment and the reason you could not obtain it:

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## Aviso de Reconocimiento de Prácticas de Privacidad

El Aviso de Prácticas de Privacidad de Wake Forest Baptist Health indica cómo podemos usar y divulgar su información de salud. Al firmar a continuación, usted (o su representante legal) acepta que se le ha ofrecido la oportunidad de revisar el Aviso de Prácticas de Privacidad de Wake Forest Baptist Health, el que fue revisado el 23 de agosto del 2018.

Nombre en letra de molde \_\_\_\_\_

Firma \_\_\_\_\_ Fecha/Hora \_\_\_\_\_

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### SÓLO PARA USO DE WFBH

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