



Catahoula Parish Hospital District #2

Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The notice issued below discusses privacy practices displayed throughout our facilities:

- Our obligations under the law with respect to your personal health information
- How we may use and disclose the health information we keep about you
- Your rights to your personal health information
- Our rights to change our notice or privacy practices
- How to file a complaint if you believe your privacy rights have been violated
- The conditions that apply to uses and disclosures not described in this notice
- The person to contact for further information about our privacy practices.

We are required by law to give you a copy of this notice and to obtain your written acknowledgment that you have received a copy of this notice.

Patient Acknowledgement of Privacy Practices Notices

I, _____, hereby acknowledge that I have received a copy of the notice of privacy practices.

Patient's Signature

Date: ____/____/____

Signature of parent/patient's representative (if applicable)

Date: ____/____/____

Description of legal authority to act on behalf of the patient