



Health Insurance Portability and Accountability Act of 1996 Notice of Privacy Practices

Acknowledgement

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Pacific Hospital of Long Beach. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at www.phlb.org or contacting our Admissions Department at 562-997-2500.

If you have any questions about our Notice of Privacy Practices, please contact:

Chief Privacy Officer

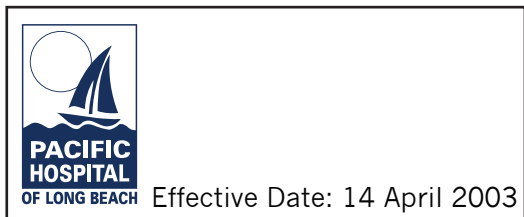
C/O: Health Information Management Department
Pacific Hospital of Long Beach
2776 Pacific Avenue
Long Beach, CA 90806
(562) 997-2500

I acknowledge receipt of the Notice of Privacy Practices of Pacific Hospital of Long Beach.

Signature (patient/parent/conservator/guardian) Date Time

Print Name Relationship to Patient

Witness Signature Date Time



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