

<u>CHABOT –LAS POSITAS COLLEGE</u> <u>STUDENT HEALTH CENTER</u>

NOTICE OF PRIVACY PRACTICES ACKNOWLEGMENT FORM

I have been informed of the hospital's "Notice Of Privacy Practices" and have been made available to me.

Patient/Parent/Guardian/Conservator

Date

Reason: _____

This form is to be flied with the patient's records