



Cornell University

Cornell Health

110 Ho Plaza
Ithaca, New York 14853-3101
t. 607.255.5155
f. 607.255.0269
www.health.cornell.edu

ACKNOWLEDGEMENT OF PRIVACY NOTICE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care providers to inform patients/clients of their Notice of Privacy Practices for using or disclosing protected health information to carry out treatment, payment, and/or health care operations.

We take this regulation seriously. This privacy notice describes our policy and the ways in which we use and protect your personal health information.

The HIPAA regulation also requires that we ask for your written acknowledgment that you have been made aware of Cornell Health's Notice of Privacy Practices.

PATIENT/CLIENT SIGNATURE

I acknowledge that I have been made aware of the Notice of Privacy Practices of Cornell Health.

Print Name _____

Cornell ID# or Date of Birth _____

Signature _____ Date _____

☐ Check here if you are a minor (*less than 18 years of age*).

SIGNATURE OF PARENT OR LEGAL GUARDIAN

(In the case of a minor, this form also must be signed by the parent or legal guardian and witness.)

I acknowledge that I have been made aware of the Notice of Privacy Practices of Cornell Health.

Print Name of Student _____

Print Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____ Date _____

Signature of Witness _____ Date _____