

Memorial Hermann Health System Acknowledgment of Receipt of Joint Notice of Privacy Health Centers for Schools

This Joint Notice of Privacy Practice applies to the privacy practices of the Affiliated Entities and the Entities participating in the Organized Health Care Arrangement. These Entities include: Memorial Hermann Hospital System, Memorial Hermann Affiliated Services, Memorial Hermann Physicians of Texas, MHMG, MHMD, MHMI, Memorial Hermann Ventures, Inc., Memorial Hermann Health Network Providers, Inc., Memorial Hermann Health System, Memorial Hermann Foundation, Memorial Hermann Professional Insurance Co. Ltd., Physicians and Allied Professionals with privileges to practice at a Memorial Hermann Healthcare Facility.

This form is used to document (a) an individual's acknowledgement of receipt of our Joint Notice of Privacy Practices or (b) when we have not obtained this acknowledgement, our good faith effort to obtain the acknowledgement.

I (parent/guardian) acknowledge that I have received a Joint Notice of Privacy Practices from Memorial Hermann Health System.

I (parent/guardian) understand that the student's health information will be used and disclosed according to Memorial Hermann Health System's Joint Notice of Privacy Practices.

I (parent/guardian) also understand that a written authorization from me (parent/guardian) will be requested by the clinic prior to releasing health care information for any use or disclosure not listed in the Joint Notice of Privacy Practices.

Parent / Guardian Signature Print Name Relationship to student Date Time AM
 PM

Student Name (print) School

STAFF USE ONLY – DO NOT WRITE BELOW THIS LINE

Good Faith Effort to Obtain Acknowledgement of Receipt of Joint Notice or Privacy Practices:

Describe your good faith effort to obtain the parent/guardian signature on this form:

Describe the reason why the individual would not/could not sign this form:

Staff Signature Print Name Date Time AM
 PM

**MEMORIAL
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Acknowledgment of Receipt of Joint
Notice of Privacy

