

**Please sign this form to recognize that we have given you a copy of this  
Joint Notice of Privacy Practices**

The Joint Notice of Privacy Practices (“Notice”) describes your rights in regard to your protected health information, the possible uses of your protected health information, and how we must protect the confidentiality of your protected health information.

**This is not a consent.**

**By signing this document, you are only stating that we have given you a copy of the Notice. If you wish to receive a copy of this form, then ask the Registration/Admitting staff member who is helping you.**

We encourage you to carefully read the full Notice. You may also access the Notice on our website, [www.medicalcenter.osu.edu](http://www.medicalcenter.osu.edu). This website is also listed on the Notice.

I have been given The Ohio State University Health System Joint Notice of Privacy Practices:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Relationship to Patient

Documentation of Attempt:

**Summary of the Joint Notice of Privacy Practices**

**Note: This information is described in detail in the Joint Notice of Privacy Practices**

**You have the right to:**

- review and get a copy your protected health information;
- amend your protected health information;
- receive an accounting of certain disclosures we have made of your protected health information;
- request restrictions on what information we use or how we share your protected health information; and
- receive a paper copy of our Joint Notice of Privacy Practices.

**These rights have special restrictions. It is important that you read the full Notice.**

**We may use your protected health information to:**

- plan for your care;
- help your healthcare providers communicate and work together to care for you;
- submit bills to pay for your care;
- help healthcare payors make sure services were actually provided;
- share information with certain officials or organizations where we may, or are required to do so by law; and
- help improve the quality of healthcare. For example, if you are admitted to our facility, a Hospital Representative may visit you during your stay to see how you are doing. Or, after your visit, we may contact you to see how you are doing and to find out how you felt about our service.

The Ohio State University Health System is an academic and research institution. Researchers who are working to find new treatments and cures, or important information to improve your healthcare and the healthcare of others may use or access your protected health information. Your protected health information could possibly be used to help train and educate healthcare professionals. In every instance, every person who accesses your information is bound by our confidentiality requirements, as outlined in our Joint Notice of Privacy Practices.

**Pt Name:**

**MRN:**

**PTN:**