

**Longest Student Health Center
P O Box 6338, Mississippi State, Mississippi 39762
Stanthia Oakley, Privacy Official
662-325-0706**

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the HIPAA Notice of Provider Privacy Practices revision April 14, 2003 of Longest Student Health Center.

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Print Name of Patient: _____

Signature of Patient: _____

Date: _____ Patient's Date of Birth: _____

Patient's ID/Chart Number: _____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative: _____

Describe Personal Representative Relationship: _____
(parent, guardian, etc)

Signature of Personal Representative: _____

Date: _____

For Practice Use Only

Signature of Practice Employee

Date