



632 Blue Hill Avenue, Dorchester, MA 02121 | Tel: 617-825-3400 | Fax: 617-282-1450 | www.harvardstreet.org

ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

With my signature below, I acknowledge receipt of Harvard Street Neighborhood Health Center's Notice of Privacy Practices.

ID# _____

Name _____

Signature _____

If personal representative, please provide patient's name and relationship to patient (e.g guardian, parent of child under 18)

Date _____