



SPIRIT LAKE HEALTH CENTER

Po Box 309 3883 74TH Ave NE Ft. Totten, ND 58335

Ph: 701.766.1600

Chart No.

Acknowledgement of Receipt of Spirit Lake Health Center Notice of Privacy Practices

I hereby acknowledge receipt of Spirit Lake Health Center (SLHC) Notice of Privacy Practice at:

**Spirit Lake Health Center
PO Box 309
3883 74th Ave NE
Fort Totten, ND 58335**

Signature of Patient

Date

Signature of Patient
Representative
(state relationship)

Date

Signature and title of SLHC
Employee

Date

FOR PATIENTS UNABLE TO ACKNOWLEDGE RECEIPT

I hereby certify that the patient was unable to acknowledge receipt of the SLHC Notice of Practices because:

Signature of SLHC Staff

Date