



GOVERNMENT OF GUAM
 DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
 GOVERNOR

RAY TENORIO
 LIEUTENANT GOVERNOR

JAMES W. GILLAN
 DIRECTOR

LEO G. CASIL
 DEPUTY DIRECTOR

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided the Department of Public Health and Social Services (DPHSS) Notice of Privacy Practices:

- It tells me how DPHSS will use my health information for the purposes of my treatment, payment for my treatment, and DPHSS healthcare operations.
- It explains in more detail how DPHSS may use and share my health information for other than treatment, payment and healthcare operations.
- It tells me how DPHSS will also use and share my health information as required/permitted by law.
- If I am a DPHSS consumer receiving health services, I consent to DPHSS using and disclosing my treatment and medical records maintained by DPHSS for the purposes detailed in the Notice of Privacy Practices.

 Name of Patient (Parent/Legal Guardian if minor)

 Date

 Signature of Patient (Parent/Legal Guardian if minor)

 Date

 Witness

 Date