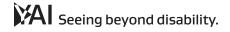


## HPF4.01a Privacy Notice Acknowledgement of Receipt

Name of Individual
Individual DOB (MO/DY/YEAR)
Signature
By signing below, I acknowledge that I have been provided a copy of YAI's Notice of Privacy Practices and have therefore been advised of how medical information about me may be used and disclosed by YAI and how I may obtain access to this information.
Signature of Individual or Personal Representative
Print Name of Individual or Personal Representative
Description of Personal Representative's Authority (if applicable)
Date





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Pr	ogram Name	
	Declined to Sign Acknowledgment	
Eff	orts to Obtain Signature:	
	ason for Refusal:	_
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