



Office of Health Services

UNITED STATES MERCHANT MARINE ACADEMY

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

(PRINT FULL NAME)

Signature of Plebe Candidate Date

Signature of Parent/
Legal Guardian for Minors* Date

Print Name

Print Name Relationship to Plebe
Candidate

**Parent/Legal Guardian must sign if Plebe Candidate is
younger than 18.*

For Office Use Only

Office of Health Services attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

■ MEDICAL/PHARMACY SERVICE

■ DENTAL SERVICE

■ MIDSHIPMAN COUNSELING AND PERSONAL DEVELOPMENT

■ EMERGENCY MEDICAL SERVICE

Initialed by staff member of
Office of Health Services

Date