



# 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.

\_\_\_\_\_  
Signature of Plebe Candidate      Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian for Minors      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name      Relationship to Plebe Candidate

### 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)

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■ MEDICAL SERVICE

■ DENTAL SERVICE

■ PHARMACY SERVICE

■ MIDSHIPMAN COUNSELING AND PERSONAL DEVELOPMENT

■ EMERGENCY MEDICAL SERVICE

\_\_\_\_\_  
Initialed by staff member of  
Office of Health Services

\_\_\_\_\_  
Date