



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)

■ MEDICAL/PHARMACY SERVICE

■ DENTAL SERVICE

■ MIDSHIPMAN COUNSELING AND PERSONAL DEVELOPMENT

■ EMERGENCY MEDICAL SERVICE

Initialed by staff member of
Office of Health Services

Date