

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGMENT

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA); 10 U.S.C. Chapter 55, Medical and Dental Care; DoDM 6025.18, Implementation of the HIPAA Privacy Rule in DoD Health Care Programs

PURPOSE: DHA Form 448, "Notice of Privacy Practice Acknowledgment" is to comply with Notice of Privacy Practices (NoPP) regulatory requirements and standardize a process for handling individual rights protections for Protected Health Information (PHI) received by Military Medical Treatment Facilities (MTF). This form will be used as an acknowledgment of the Defense Health Agency NoPP.

ROUTINE USE(S): To other entities or physicians for: judicial and administrative purposes; health oversight; research; law enforcement; public health; to avert a serious threat to health and safety; organ, eye, or tissue donation; decedents; Workers Compensation; victims of abuse, neglect, or domestic violence, specialized government functions; and required by law.

APPLICABLE SORN: EDHA 07, Military Health Information System (June 15, 2020; 85 FR 36190)
<https://pclt.defense.gov/Portals/140/Documents/Privacy/SORNs/DHA/EDHA-07.pdf?ver=sTE77-0PsfRoB8ualH5m0Q%3D%3D>

DISCLOSURE: Voluntary: Failure to sign this form requires documentation of good faith efforts to obtain such written acknowledgment, in accordance with DoDM 6025.18 Paragraph 5.1.c.(2).

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|------------------------------|--------------------------------------|
| 1. PATIENT NAME: | 2. MTF (<i>name and location</i>): |
| 3. DATE OF BIRTH (YYYYMMDD): | 4. DoDID: |

THE SIGNATURE BELOW ONLY ACKNOWLEDGES RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

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| 5. PATIENT/ PATIENT REPRESENTATIVE WRITTEN NAME: | 6. RELATIONSHIP TO PATIENT: |
| | 8. DATE (YYYYMMDD): |

TO BE COMPLETED BY HOSPITAL STAFF

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| 9. <input type="checkbox"/> PATIENT/REPRESENTATIVE DECLINED TO SIGN: | 10. REASON: <input type="checkbox"/> Incapacitated <input type="checkbox"/> Other (<i>explain below</i>): | 11. DATE: |
| 12. WRITTEN NAME: | 13. TITLE: | |
| 15. WITNESS WRITTEN NAME: | 16. WITNESS TITLE: | |

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