



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided the Department of Public Health and Social Services (DPHSS) Notice of Privacy Practices.

- It tells me how DPHSS will use my health information for the purposes of treatment, payment for my treatment, and health care operations.
- It explains in more detail how DPHSS may use and share my health information for other purposes other than treatment, payment, and health care payment.
- It tells me how DPHSS will use and share my health information as required/permitted by law.
- It explains my individual rights in regards to my health information.
- If I am a DPHSS consumer receiving health services, I consent to DPHSS using and disclosing my treatment and medical records maintained by DPHSS for the purpose detailed in the Notice of Privacy Practices.

Name of Patient

Date

Signature of Patient (Parent/Legal Guardian, if minor)

Date

Witness

Date