

## Acknowledgement of Receipt of IHS Notice of Privacy Practices

I hereby acknowledge receipt of the Indian Health Service (IHS) Notice of Privacy Practices at the following Clinton Service Unit facility:

**Clinton Indian Health Center**  
10321 N 2274 Rd  
Clinton, OK 73601-7591  
580-331-3300

**El Reno Indian Health Center**  
1801 Parkview Dr.  
El Reno, OK 73036-2103  
405-234-8400

**Watonga Indian Health Center**  
1305 S Clarence Nash Rd  
Watonga, OK 73772-9706  
580-623-4491

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

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***If patient is unable to sign:***

\_\_\_\_\_  
Name of Legal Representative and state relationship to patient

\_\_\_\_\_  
Signature of Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of CSU Staff

\_\_\_\_\_  
Date

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### **Staff Only: For Patients Unable to Acknowledge Receipt**

I hereby certify that the patient was unable to acknowledge receipt of the IHS Notice of Practices because:

\_\_\_\_\_

\_\_\_\_\_  
Signature of IHS CSU Staff

\_\_\_\_\_  
Date

IHS Staff Use Only:

Health Record Number: \_\_\_\_\_

D.O.B. \_\_\_\_\_