



# LIGHTHOUSE HEALTHCARE, LLC

## PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

*He recibido la Notificacion de practicas de privacidad y se me ha brindado la oportunidad de revisario.*

\_\_\_\_\_  
Patient Name / *Nombre del Paciente*

\_\_\_\_\_  
Date of Birth / *Fecha de Nacimiento*

\_\_\_\_\_  
Signature of Patient or Guardian / *Firma del Padre Guardian*

\_\_\_\_\_  
Date / *Fecha*

### ADVANCE DIRECTIVE DOCUMENTATION

**Do you have an Advanced Directive?**

**YES** Did you bring it with you? If so, please give that to the Receptionist so that the document may be placed in your chart. If you do not have the AD with you, Please be sure to bring the document on your next scheduled visit.

**No** You may print an Advanced Directive from any website of your choosing.

**It is important to us to have this on file for you. Please be sure to bring that with you on your next scheduled visit.**

**Office use only:** Was an Advanced Directive provided

Yes

No

Advanced Directive was scanned into the patient chart.

Yes

No