



St. Thomas East End Medical Center Corporation
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St. Thomas, VI 00805-3177

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“Your Health is our First Priority”

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices of the St. Thomas East End Medical Center Corporation (STEEMCC) this _____ day of _____, 20 _____.

Print Name Signature

Witness Date

If you are the legal representative of the patient, please print the patient’s name(s) and describe your authority
_____.

If you have any questions about this form or the attached Notice, please contact Privacy Officer, St. Thomas East End Medical Center Corporation, 4605 Tutu Park Mall, Suite 207, St. Thomas, U.S. Virgin Islands 00802 by mail or by telephone number at (340)775-3700 ext. 2035.

OFFICIAL USE

I attempted to obtain patient or (representative signature) on this Acknowledgement but did not because of the before aforementioned.

- It was an emergency.
- I could not communicate with the patient.
- The patient refused to sign.
- The patient was unable to sign because _____.

Other: _____

Patient Access Signature Date

Patient Access Manager Signature Date