

Notice of Privacy Practices

Review Carelon's Notice of Privacy Practices to understand your rights and how we protect your personal health information. Learn about HIPAA, state laws, and your privacy options at carelon.com/nopp.

By signing this form, you acknowledge receipt of the Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our office.

I acknowledge receipt of the Notice of Privacy Practices

Patient or personal representative's name

Date (MM/DD/YYYY)

Patient signature

X _____

Inability to obtain acknowledgment

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good-faith efforts made to obtain the individual's acknowledgment and the reasons why the acknowledgment was not obtained.

Patient name

Reasons why the acknowledgment was not obtained:

☐ Patient refused to sign this acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.

☐ Other _____

Signature of provider representative

Date (MM/DD/YYYY)

X _____

X _____

If you have any questions about our Notice of Privacy Practices, please contact:

PrivacyOffice@elevancehealth.com



Access it online at
carelon.com/mychart