

Passages Program of
Kansas City Hospice & Palliative Care
Receipt and Acknowledgement of Notice of Privacy Practices

Client Name: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Passages Program's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Passages Program Privacy Officer at:

Robyn Glosenger, RHIT
1500 Meadow Lake Parkway, Suite 200
Kansas City, MO 64114
816-363-2600
816-523-0068 (fax)
rglosenger@kchospice.org

Signature of Client Date

Signature of Parent/Guardian/Personal Representative Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc). _____

Client Refuses to Acknowledge Receipt

Signature of Staff Member Date