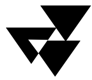

Exeter Health Resources
Affiliated Covered Entity
(EHR ACE)

Includes: Exeter Hospital, Core Physicians, and
Rockingham Visiting Nurse Association and Hospice

ACKNOWLEDGEMENT OF BEING INFORMED OF AND BEING OFFERED A COPY OF EHR ACE's NOTICE OF PRIVACY PRACTICES AND, IF APPLICABLE, EXETER HOSPITAL'S PATIENTS' BILL OF RIGHTS AND PATIENTS' RIGHTS

PATIENT NAME: ______________________________DATE OF BIRTH__________________

I have been informed I have rights as a patient and have been offered a copy of EHR ACE's "Notice of Privacy Practices" (Form #507) and, if applicable, Exeter Hospital's "Patients' Bill of Rights" and Patients' Rights (Form# 001).

____________________	____________________	______________________________
Date and Time	Printed Name	Signature of Patient or (***Check One***)

- ☐ Parent (if minor patient) or
- ☐ Invoked Durable Power of Attorney for Healthcare or
- ☐ Legal Guardian or
- ☐ Surrogate

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