

ACKNOWLEDGE RECEIPT OF NOTICE OF HEALTH
INFORMATION PRIVACY PRACTICES

Effective Date: January 1, 2003

Thank you for choosing the Medical Center clinic for your healthcare needs.

We are required by law to provide you with a copy of our Notice of Health Information Privacy Practices. To ensure that our records are accurate, please sign below to acknowledge that you have been provided with a copy of our Notice.

Patient Name

MCC #

Date of Birth

Signature of Patient (or Legal Representative)

Date

Place label here

Office Use Only:

If patient declines to sign, staff must sign to document declination and send to Scanning.

Patient declined to sign Acknowledgement.

Signature of Staff Member

Title

Date