

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

_____ (insert individual name) acknowledge that I received a copy of Mercy Medical Center Notice of Privacy Practices dated 11/2014 (Insert date of Notice of Privacy Practices).

(Individual's signature or initials)

(Personal representative of individual, if individual is unable to sign)

(Date)

(Witness signature)

Individual (or personal representative of the individual) did not sign the acknowledgement for the following reason:

(check (√) one of the reasons below)

- Individual refused
- Individual refused, stating that he/she has already signed an acknowledgement
- Individual unable to sign because of medical condition
- There was not a personal representative of the individual available to sign
- Other (explain) _____

Witness

Date