



Notice of Privacy Practices Acknowledgement of Receipt

By signing below, I acknowledge that I have been provided a copy of MCG Health System Notice of Privacy Practice, which informs me how my medical information may be used and disclosed and how I may obtain access to this information.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Personal Representative's Authority

Verification Attached (check box)

Internal use only – when signed acknowledgement of receipt is not provided or refused

In accordance with this organization's policies and procedures, MCG Health System personnel has made a "good faith effort" to obtain from the patient his/her signed Acknowledgement of Receipt of Notice of Privacy Practices. Examples of "good faith effort" may be: (1) an acknowledgement list that the patient/personal; representative signs; (2) a coversheet with the patient/personal representative initials; or (3) in the case of pharmacy, and initialed acknowledgement of receipt in the same pharmacy log book used to sign for the prescription itself.

Please provide a brief description of your "good faith effort":

MCG Health System Staff Name and Title: _____

Patient Name: _____

Patient Number: _____

Date: _____