



Acknowledgement of Receipt of MHS Privacy Notice

The MHS *Privacy Notice* provides information about how Memorial Healthcare System, its employees, agents, and your personal doctors and other health care professionals caring for you in MHS facilities, may use and disclose protected health information about you.

I hereby acknowledge receipt of the MHS *Privacy Notice*.

Signature of Patient: _____ Date: _____

OR

Signature of Patient's Legal Personal Representative: _____

Relationship: _____ Date: _____

Place Patient Label Here