

MERCY HEART CENTER -

Patient Name _____

Date of Birth ____/____/____

Hospital ID# _____ (will be entered by staff)

Acknowledgement of Notice of Privacy Practices

I acknowledge that I received Mercy Health Services "Notice of Privacy Practices". I understand this notice describes how medical information about me may be used and disclosed, my rights regarding the use and disclosure of this information, and how I can obtain access to this information.

Signature

Date