



## **Acknowledgement of Notice of Privacy Practices**

I received a copy of Cooper Green Mercy Health Services' **Notice of Privacy Practices** on the date listed below. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed on my copy of this Notice. I further understand that CGMHS will offer me updates to this Notice should it be revised. The effective date of revisions will be provided.

\_\_\_\_\_  
Patient or Representative Name (Please Print)

«System Date (mmddyy)»

\_\_\_\_\_  
Patient or Representative Signature

\_\_\_\_\_  
Relationship, if not Patient

Patient refused to sign: \_\_\_\_\_

Patient was unable to sign because: \_\_\_\_\_