Midland County
Department of Public Health

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I was provided with a copy of the Midland County Department of Public Health Notice of Privacy Practices.

Patient Name (Print)	Patient Signature	Date

If completed by a patient's personal representative, please print and sign your name in the space below

Personal Representative (Print)	Personal Representative's Signature	Date

Relationship

For Midland County Department of Public Health use only

Complete this section if this form is not signed and dated by the patient or patient's personal representative.

I have made a good faith effort to obtain a written acknowledgement of receipt of Midland County Department of Public Health Notice of Privacy Practices Acknowledgement, but was unable for the following reason:

Employee name	Date

This form should be placed in the patient's medical record