



PRIVACY NOTICE
WRITTEN ACKNOWLEDGEMENT

I have received the Methodist Health System Notice of Privacy Practices. (Note: My signature does not indicate that I have read, understood or agree with the Notice, only that it has been provided to me.)

Signature of Patient/Parent/Legal Guardian

Date

Time

Relationship to Patient (if not the patient)

Documentation of Good Faith Effort

- Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient, parent, legal guardian declined to acknowledge the receipt to the Notice of Privacy Practices.
- Patient/Parent/Legal Guardian stated they had already received the Privacy Notice at:
_____ (facility name).
- Patient/Parent/Legal Guardian directed to Methodist Health System website to view the Notice of Privacy Practices.
- The Notice of Privacy Practices was mailed to the patient/parent/legal guardian on
_____ (date).
- Other _____

MHS Employee

Date

Time

Location

PATIENT LABEL