



Morgan County Health Department  
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McConnelsville, OH 43756  
Phone: 740-962-4572  
Fax: 740-962-3271

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

To Our Patients

Federal privacy rules require that we make a “good faith effort” to obtain your acknowledgement of having received or having had the opportunity to receive a copy of our Notice of Privacy Practices. We are also required to keep track of which version of the notice you received. You may receive additional copies of this notice whenever you request them. You may be asked to sign an additional acknowledgement at that time. You are not required to sign this form.

**Patient Name:** \_\_\_\_\_ **Medical Record Number:** \_\_\_\_\_

My signature and date below indicate that I have received or have had the opportunity to receive a copy of the Notice of Privacy Practices with the effective dates of July 7, 2014.

**Individual signing is:** *Choose one* Patient Parent Guardian

\_\_\_\_\_  
Patient/Parent/Guardian Signature Date

If personal representative:

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\*\*\*\*\*

*Office Use Only:*

Reason signature not obtained:

\_\_\_\_\_ Patient too sick to sign at this time

\_\_\_\_\_ Patient declined to sign

\_\_\_\_\_ Other: \_\_\_\_\_

Name of Morgan County Health Department employee attempting unsuccessfully to obtain  
signature: \_\_\_\_\_ Date: \_\_\_\_\_