**ACKNOWLEDGEMENT OF RECEPTION OF SUMMARY OF PRIVACY PRACTICES**

I, _____acknowledge that I received a copy of Mercy Physician Group's Notice of Privacy Practices dated 04/28/2008.

_____ _____
Individual's signature or intials Date

_____ _____
Personal representative of individual, if individual is unable to sign Date

_____
Witness Signature

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**For Internal Use only**

Individual (or personal representative of the individual) did not sign the acknowledgement for the following reason:

*(Check (√) one of the reasons below)*

❑ Individual refused

❑ Individual refused, stating that he/she has already signed an acknowledgement

❑ Individual unable to sign because of medical condition

❑ There was not a personal representative of the individual available to sign

❑ Other: (explain)_____

_____

_____

_____ _____
Witness Date