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

Effective June 1, 2014/reviewed 2017; 2018; 2019; 2020; 2021; 2022; 2023,2024,2025