

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

MEA Medical Clinics

Designated Privacy Official: (601) 898-7526

**I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED A COPY
OF MEA MEDICAL CLINIC'S NOTICE OF PRIVACY PRACTICES.**

Patient Name (please print): _____ Date: _____

Patient Signature: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient
- Other (specify) _____

For Office Use Only:

• MEA staff signature or initials & date: _____

• Acknowledgment refused: Efforts to obtain:

Efforts to obtain:

Reasons for refusal:

NOTE: Please file in patient chart under most recent registration sheet.