



Cooper Green *Mercy* Health

AFFILIATE OF **UAB** HEALTH SYSTEM

Acknowledgement of Notice of Privacy Practices

I received a copy of Cooper Green Mercy Health Services' **Notice of Privacy Practices** on the date listed below. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed on my copy of this Notice. I further understand that CGMHS will offer me updates to this Notice should it be revised. The effective date of revisions will be provided.

Patient or Representative Name (Please Print)

«System Date (mmddyy)»

Patient or Representative Signature

Relationship, if not Patient

Patient refused to sign: _____

Patient was unable to sign because: _____