## Acknowledgement of HIPAA Omnibus Final Rule Notice of Privacy Practices - FMC Medical Clinic - Millport (MMC)

l,	acknowledge	e that I either received the DCH Health System
Notice of Privacy Practices or had the	notice made	available to me on the date I received healthcare
services.		
Patlent Signature	Date/Time	
Patient's Representative (if patient is unable to sign)	Date/Time	Relationship to Patient
Patient's Representative (if patient is unable to sign)	Dater fille	Metalionality to 1 dicent
	Good Fa	ith Effort
I,, a DCH Health System employee, certify that the facility		
employees and agents made a good	faith effort to	obtain a written acknowledgement of receipt of the
Acknowledgement of HIPAA Omnibus	s Final Rule N	Notice of Privacy Practices, however, for the
following reasons the written acknowl	edgement wa	as not obtained:
		4
Employee	Date/Time	
Acknowledgem	ent of HIPA	

Health System ®

Omnibus Final Rule
Notice of Privacy Practices MMC

