

MERCY CLINICS, IOWA CITY, IOWA

HIPAA PRIVACY NOTICE RECEIPT

(5/5/16 issued) Page

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HIPAA Privacy Notice Receipt

(Health Insurance Portability and Accountability Act)

Signing this form indicates that you have received a copy of Mercy's HIPAA Privacy Notice (revised 05/16) and that you understand that Mercy has Policies & Procedures in effect which are designed to safeguard your protected health information (PHI).

Patient Signature: _____

Date: _____

Patient Representative Signature: _____

Relationship: _____ Date: _____

Patient Name: _____
Patient Number: _____
Date of Birth: _____
Today's Date: _____

For Mercy Clinics, Iowa City, Iowa Use Only

Signature not acquired due to:

Patient unable to sign Patient Representative not available

Other:

Signature of staff person _____ Date: _____

Print name & title: _____