



ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

I have received a copy of Ingham County Medical Care Facility's Notice of Privacy Practices, describing the Facility's use or disclosure of my protected health information for the purpose of diagnosing or providing treatment and care for me, obtaining payment or reimbursement for any health care bills for which I am responsible and to conduct its health care operations. This notice is intended to provide me with an overview of my rights under HIPAA with respect to the use and disclosure of the information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes my rights to accessing control of my protected health information. Protected health information is defined by law to include demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. The Facility is required to abide by the terms of this privacy notice. The Facility may change the terms of its notice at any time. The new notice will be effective for all protected health information that it maintains at that time. Upon my request, the Facility will provide me with the revised notice of privacy practices. I may also obtain a copy by contacting the Facility's Privacy Officer and requesting that the Facility give me a copy for my review.

Witnessed by:

Center Representative

Date:

Patient

Date: