



<input type="checkbox"/> NPP Entered
<input type="checkbox"/> Dairyland Entered

Patient Name _____	MeritCare MR# _____	Date of Birth _____
Perham MR # _____		
Department _____	Initials _____	

**ACKNOWLEDGMENT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a written copy of the **Perham Memorial Hospital and Home Notice of Privacy Practices**. I also acknowledge that I have been allowed to ask questions concerning this notice and my rights under this notice. I understand that this form will be a part of my record until such time as I may choose to revoke this acknowledgment. If I am not the patient, I represent that I am authorized by law to act for and on the patient's behalf.

Date

Signature of Patient or Authorized Agent

TO BE COMPLETED BY PERHAM IF NO ACKNOWLEDGMENT CAN BE OBTAINED:

Good faith efforts were made to obtain acknowledgment from the patient or patient's authorized agent. The good faith efforts made, and the reason acknowledgment could not be obtained, were:

- Patient (or authorized agent) refused to sign after being requested to do so
- Minor presented without parent or authorized agent. NPP, acknowledgement form, and self addressed envelope sent home with patient.
- Other: (please describe) _____

Signature of Perham Associate

Date