

Notice of Privacy Practices Acknowledgment Cover Sheet

Please have the patient complete this cover sheet, and then tear off this cover sheet and file it in the patient's medical record.

Missouri State University Health Care Components are required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to Protected Health Information (PHI).

I, _____, (have patient write name or request staff assistance to do so), hereby acknowledge that I have received this Notice of Privacy Practices, with an effective date of April 14, 2003.

Patient signature or legal guardian signature of parent of minor child

Date

*HIPAA Procedure 1.005, Form 1
Notice Effective April 14, 2003*