

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

**MEA Cares Counseling
Designated Privacy Official: (601) 898-7526**

**I HEREBY ACKNOWLEDGE THAT I HAVE
RECEIVED AND REVIEWED A COPY OF
MEA CARES' NOTICE OF PRIVACY PRACTICES**

Patient Name (please print) _____ Date: _____

Patient Signature: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient
- Other (specify) _____

For Office Use Only:

• MEA staff signature _____
or initials & date: _____

• Acknowledgement refused:

Efforts to obtain:

Reasons for refusal:

Note: Please file in patient chart under most recent registration sheet.