

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

**MEA Cares Counseling**  
Designated Privacy Official: 601-898-7561

**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)** \_\_\_\_\_  
\_\_\_\_\_

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**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.**