I acknowledge that:

A copy of the Sparrow Health System's Notice of Privacy Practices was made available to me at the location where I received health care services.

The *Notice of Privacy Practices* was posted in a clear and prominent location where I was able to read the Notice of Privacy Practices.

I know that I can ask for a copy of the *Notice of Privacy Practices* to take with me.

If I came in for health care services in an emergency treatment situation, I was able to view the *Notice of Privacy Practices* as soon as reasonably practicable after the emergency treatment situation.

____
Printed name of patient or patient's representative

______________________________________ ____________________
Signature of patient or patient's representative Date

____
Relationship to patient (if other than patient)

Complete only if patient or representative signs by use of a mark:

____
Printed name of witness

______________________________________ ____________________
Signature of witness Date

____
Printed name of witness

______________________________________ ____________________
Signature of patient or patient's representative Date

[If the above signature is that of a patient's representative, Sparrow must complete the following.]

Sparrow has verified the identification of ________________________________ (patient's representative name) by _____ ______________________________________ (type of verification, e.g., driver's license) and that in his/her capacity of _ ________________________________(description of authority to act, e.g. legal guardian, patient designated personal representative, power of attorney for medical care including medical records, executor of estate).

Verification completed by:

______________________________________ ____________________
Associate name and signature Date

TO BE COMPLETED BY SPARROW HEALTH SYSTEM

If an acknowledgment is not obtained, describe Sparrow Health System's good faith efforts to obtain the acknowledgment and the reason why the acknowledgment was not obtained.

____

____

____

Sparrow
Lansing, MI

8223 [HF-27]
11/04

8223HF27

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT