

ACKNOWLEDGMENT OF NOTICE OF  
BEAUMONT MICHIGAN HEART GROUP  
PRIVACY PRACTICES

By signing below I acknowledge the Notice of Beaumont Michigan Heart Group Privacy Practices.

\_\_\_\_\_  
Signature of patient or personal representative

\*A copy of our HIPAA policy is posted at check in. If you would like a copy for your records, please ask when checking in.

\_\_\_\_\_  
If signed by personal representative, relationship to patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Number

Office Use Only:

Beaumont Michigan Heart Group will make a good faith effort to obtain a written acknowledgment of receipt of the Notice provided to the individual. If written acknowledgment is not obtained Beaumont Michigan Heart Group must document its good faith efforts to obtain such acknowledgment and record the reason why the acknowledgment was not obtained.

Refused to sign       Physically unable to sign

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date: