1215 East Michigan Avenue
P.O. Box 30480
Lansing, Michigan 48909-7980

Notice of Privacy Practices Acknowledgement

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 Time

____
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 Time

____
Printed name of witness

______________________________ ______________________________
Signature of witness Date Time

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

Sparrow Health System 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 authorized representative, power of attorney for medical care including medical records, executor of estate).

______________________________ ______________________________
Verification completed by (Caregiver name and signature) Date Time

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TO BE COMPLETED BY SPARROW HEALTH SYSTEM

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

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NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT