



Memorial Hospital

4500 Talbotwood Dr. • Guilford, ME 04531

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED THE MEMORIAL HOSPITAL NOTICE OF PRIVACY PRACTICES AND HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS CONCERNING THIS NOTICE. I HAVE BEEN GIVEN AN OPPORTUNITY TO OPT OUT OF THE FACILITY DIRECTORY.

Patient or Patient's Authorized Representative

Date

Representative's Relationship to Patient



4380A

NOTICE OF ACKNOWLEDGEMENT

Please place an "X" next to the correct statement

_____ I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED THE MEMORIAL HOSPITAL **PATIENT RIGHTS AND RESPONSIBILITIES PAMPHLET** AND HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS CONCERNING THIS PAMPHLET.

_____ I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED THE MEMORIAL HOSPITAL **TIPS FOR SAFER HEALTH CARE PAMPHLET** AND HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS CONCERNING THIS PAMPHLET.

_____ Patient or Patient's Authorized Representative

_____ Date

_____ Representative's Relationship to Patient



NOTICE OF
ACKNOWLEDGEMENT