Allegan
General Hospital

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

PRINT PATIENT NAME:_____

I understand that Allegan General Hospital is part of an organized healthcare arrangement that includes:

Psychological Medicine
Allegan Occupational Health Services
Allegan Home Care
Gobles Medical Clinic

My signature below constitutes my acknowledgment that I have been provided with a copy of the Allegan General Hospital's notice of privacy practices entitled Notice of Privacy Practices.

_____
Signature of Patient or Legal Representative

If signed by legal representative, relationship to patient

_____

Date:_____