



MR1001

SAINT VINCENT HEALTH SYSTEM  
ERIE, PENNSYLVANIA

### Acknowledgment of Receipt of Privacy Notice

I acknowledge that I have received a copy of Saint Vincent Health Systems' Notice of Privacy Practices.

Patient Signature: \_\_\_\_\_

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

Or

Signature of Personal Representative: \_\_\_\_\_

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

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:

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

### Declaración de Recibo del Aviso Sobre la Privacidad

Declaro que he recibido una copia del Aviso sobre las Prácticas de la Privacidad de *Saint Vincent Health Systems*.

Firma del Paciente: \_\_\_\_\_

Fecha: \_\_\_\_\_

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Firma del Representante Personal: \_\_\_\_\_

Fecha: \_\_\_\_\_

Si arriba aparece la firma del Representante Personal, por favor describa el parentesco de dicho Representante con el paciente:

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