



*Mills-Peninsula  
Health Services*

A Sutter Health Affiliate

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE  
OF PRIVACY PRACTICES**

I have received the Mills-Peninsula Notice of Privacy Practices. This Notice provides information about how Mills-Peninsula may use or disclose my protected health information.

\_\_\_\_\_  
Date                      Time                      Signature of patient or legal representative

\_\_\_\_\_  
If other than patient, indicate relationship

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Mills-Peninsula has made a good faith effort to obtain the above acknowledgement. At this time the following circumstances exist:

- The patient refuses to sign
  
- The patient is not able to sign and there is no legal representative available

\_\_\_\_\_  
Date                      Time                      Signature of MPHS employee