



Notice of Privacy Practices/ Confirmation of Receipt

Individual Name (last/first): _____ MRN: _____ Date of Birth: _____

Notice of Privacy Practices

Confirmation of Receipt

I acknowledge receipt of MORC Inc.'s Notice of Privacy Practices, which became effective 9/15/13

Signature of individual, if legally empowered to act on own behalf

Date

Signature of legal representative / relationship
(e.g. Parent of minor; guardian; power of attorney- medical/HIPAA]

Date