



HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge that I have received and been given the opportunity to read the OCH Regional Medical Center Privacy Notice dated March 1, 2011. I understand that a copy of the Notice will remain on my possession. If I have any questions concerning the Privacy Notice, I may contact the following person:

Privacy Officer
OCH Regional Medical Center
P. O. Box 1506
Starkville, Mississippi 39760
662-323-4320

Patient Signature

Date