



## 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

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Patient Signature

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Date