

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices for

MBHC, Inc.
27475 Holiday Lane
Perrysburg, Ohio 43551

Name of Patient (print)_____

Signature of Patient_____

Today's Date_____

Signature of Patient Representative_____

(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

MBHC, Inc. reserves the right to modify the privacy practices outlined in
the notice.