



ACKNOWLEDGEMENT

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge and agree that I have reviewed a copy of Mercer University's Notice of Privacy Practices for Protected Health Information, prior to signing this acknowledgement. I understand that Mercer University may change its Notice of Privacy Practices for Protected Health Information from time to time.

Print Name

Identification Number (SSN OR CWID)

School

Department

Signature

Date

***Upon completion of HIPAA training,
Return this signed form via Campus Mail to:***

*Jim Calhoun
HIPAA Privacy Officer
Internal Audit Department
Administration Building*