



Children's Mercy
Acknowledgement
of Receipt of Information
 (Front)
 8071-174 MR 12/17 (Translated 12/17)



I. ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand that as part of the care and services I receive at The Children's Mercy Hospital and Clinics (CMH), CMH creates a record of my visit which includes my health information. I acknowledge that I have been offered or given a copy of the CMH *Notice of Privacy Practices* (Notice) which describes how my health information may be used and disclosed by CMH, and my rights with respect to such information.

II. ACKNOWLEDGMENT OF RECEIPT OF PATIENT RIGHTS, RESPONSIBILITIES AND RULES

I acknowledge that I have been offered or given a copy of the CMH *Patient Rights, Responsibilities, and Rules*.

III. PARTICIPATION IN ELECTRONIC HEALTH INFORMATION EXCHANGES

- I acknowledge that I have been offered or given a copy of the CMH *Electronic Health Information Exchange Rights*.
- I understand that CMH participates in Health Information Exchanges and that I have the right to opt out of the exchange.
- CMH will include my information in the Health Information Exchanges unless I specifically opt out. To opt out, I must contact the CMH Patient Access Department at (816) 234-3567 or tell a registration staff member.

IV. CONSENT FOR CORRESPONDENCE BY TELECOMMUNICATIONS

- I consent to allow CMH and its authorized affiliates, service providers and agents to contact me at the telephone number I provided to CMH (or any telephone number I provide in the future) using an auto-dialer, text message, facsimile message, artificial voice or pre-recorded message, regardless of whether the telephone number is a mobile number or if I incur charges as a result. CMH is authorized to contact me about services provided to me in the past or future. I also acknowledge that providing a phone number is not a condition of receiving services from CMH.
- If I later want to revoke this consent, I agree that I will only revoke consent by putting this revocation in writing and mailing it to the following address: The Children's Mercy Hospital, Attn: Patient Access Department, 2401 Gillham Road, Kansas City, MO 64108.

By signing below, I acknowledge that I have read and understand this form. If this document is being signed on behalf of a minor by a legal guardian, the signatory understands that the term "I" and "my" in this document refers to such minor and his/her rights.

Signature of Patient or Legal Guardian: _____

Printed Name: _____

Relationship to Patient: _____ Today's Date: _____ Time: _____

STAFF USE ONLY. If interpreted:

Interpreter's Signature: _____ Today's Date: _____ Time: _____

Printed Name: _____