



MISSION EAST DALLAS
Healing. Opportunity. Peace. Empowerment.

Notice of Privacy Practices

I, _____, have read the copy of Mission East Dallas County Health Ministries Notice of Privacy Practices.

Please Print Name

Signature

_____/_____/_____
Date

For Office Use Only

We attempted to obtain written acknowledgment of reading the copy of Mission East Dallas County Health Ministries Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify)

