



MISSIONEASTDALLAS
Healing Opportunity. Peace. Empowerment.

Aviso de Privacidad en la Práctica

Yo, _____, he leído una copia de Mission East Dallas County Health Ministries Aviso de Privacidad en la Practica.

Por favor escriba su nombre en letra de molde

Firma

_____/_____/_____
Fecha

For Office Use Only

We attempted to obtain written acknowledgment of reading a 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)

