



Patient Rights and Responsibilities Acknowledgement

I acknowledge that I have reviewed of Mountain Health & Community Services, Inc. (MHCS), Patient Rights and Responsibilities posted in the waiting room.

Patient Name

Signature

Date

*****If you would like a copy of Patient Rights and Responsibilities please let the receptionist know.*****

FOR OFFICE USE ONLY:

I attempted to obtain the patient's signature regarding MHCS' Patient Rights and Responsibilities Acknowledgement, but was unable to do so as documents below:

Date

Staff Member Signature

Reason: _____
