Acknowledgement
For
Receipt of Notice of Privacy Practices

This form is a receipt noting that you have received the Notice of Privacy Practices.

Name of Patient: _____
[Please Print]

Date of Birth: _____

Address: _____

_____

Date of Service: _____

Or, If Available,
Affix
Cover or Bar Code Label
Here

I have received a copy of the Notice of Privacy Practices.

_____ _____
[Signature] [Date of Receipt]

If this form is being signed for a minor, an incompetent or otherwise incapacitated or deceased person, please fill in the following information.

Legally Authorized Representative's Name _____
[Print Name]

Patient is: _ Minor _ Incompetent or Incapacitated _ Deceased

Legal Authority: _ Legal Guardian _ Parent of Minor _ Other _____

_ Health Care Agent _____

_ Personal representative of deceased [Executor, next of kin, or other family member]

For Office Use Only:

Signature Declined (due to: _____
_____)
Signature Not Obtained Due to Patient Incapacitation
Patient Signed Acknowledgement at Another UW HCC site _____

I personally delivered the Notice of Privacy Practices to the patient listed above. A written acknowledgement of receipt by the patient was not obtained as noted above.

_____ _____
[Signature of Office Staff Member] [Date]

Name: _____
[Please Print]

Title: _____

FormDate: 04/10/03