ACKNOWLEDGEMENT OF RECEIPT: NOTICE OF PRIVACY PRACTICES

The UC Davis Health System Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we are providing you, copies of the current notice are available by accessing our Web site at http://web.ucdmc.ucdavis.edu/compliance/ and may be obtained throughout UC Davis Health System.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient’s Representative ________________________________ Date ____________

Print Name ________________________________ Relationship to Patient ____________

Interpreter (if applicable) ______________________________________________________

Written Acknowledgement Not Obtained

☐ Notice of Privacy Practices Given — Patient Unable to Sign
☐ Notice of Privacy Practices Given — Patient Declined to Sign
☐ Notice of Privacy Practices Mailed to Patient — Awaiting Signature
☐ Other Reason Patient Did Not Sign ____________________________________________

Signature of UC Davis Health System Representative __________________________ Date ____________

Print Name ________________________________ Department ___________________

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