

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

The UCDHS Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice are available by accessing our website at <http://www.ucdmc.ucdavis.edu/compliance/> and may be obtained throughout UCDHS.

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)

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(NOT PART OF ACKNOWLEDGMENT)
THE FOLLOWING SHOULD BE A SEPARATE SHEET OF PAPER OR IN ELECTRONIC FORM

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained.

- Notice of Privacy Practices Given - Patient Unable to Sign
- Notice of Privacy Practices Given - Patient Declined to Sign
- Notice of Privacy Practices and Acknowledgment Mailed to Patient
- Other Reason Patient Did Not Sign _____

Signature of UCDHS Representative

Date

Print Name

Department