

Notice of Privacy Practices Patient Acknowledgment

Patient Name _____ Date of Birth _____

By signing this form, you acknowledge reviewing the Notice of Privacy Practices from University of the Pacific. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy by visiting our website at www.upacifichearing.com or on request from our staff.

I acknowledge receipt of the Notice of Privacy Practices from University of the Pacific.

Signature _____

Relationship to Patient _____ Date _____

OFFICE USE ONLY

I attempted to obtain the patient's signature of this Notice of Privacy Practices Form, but was unable to do so.

Date _____ Name _____

Reason _____
