

Notice of Privacy Practices

Acknowledgement of Receipt

Today’s Date:

I acknowledge that I was provided with a copy of the Baylor University Notice of Privacy

Practices for Health Services and Clinics.

Patient Name (Print)

Patient Signature

**If completed by a patient’s personal representative (e.g., parent or legal guardian), please**

**print and sign your name in the space below.**

Personal Representative (Print)

Personal Representative Signature

Relationship

This form should be placed in the patient’s record.

2017 08 01

**For Baylor University use only**

Complete this section if this form is not signed and dated by the patient or patient’s personal representative.

I have made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices but was unable to for the following reason:

* Patient refused to sign
* Patient unable to sign
* Other:

Employee Name Date