

Lindner Center of HOPE

Professional Associates

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are legally required to provide you with a copy of our **NOTICE OF PRIVACY PRACTICES** the first time you receive care at UC Health. If you are here for emergency medical treatment, you will be given a copy as soon as possible.

Patient or Patient's Legal Representative:

Check appropriate box and sign.

Patient or Patient's Legal Representative has:

- Patient received a Copy of the Notice of Privacy Practices.
- Patient has previously received a Copy of the Notice of Privacy Practices
- Patient does not want a Copy of the Notice of Privacy Practices

MRN: _____

Patient Name (print): _____

Relationship to patient: _____

Patient Signature: _____ Date: _____