

MR#:

Name of Patient:

Date of Birth:

Place Label Here

UNIVERSITY OF CALIFORNIA, DAVIS
MEDICAL CENTER
SACRAMENTO, CALIFORNIA

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 website at <https://health.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

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 Mailed to Patient – Awaiting Signature

☐ Other Reason Patient Did Not Sign _____

Signature of UC Davis Health System Representative

Date

Print Name

Department

