

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Address:



Acknowledgment of Receipt of Privacy Notice

By signing this form, you are only agreeing that you have received a copy of the UAMS Notice of Privacy Practices.

Patient Signature

Date

Time

Print Legal Representative's Name (if applicable)

Legal Representative's Signature

If Legal Representative, authority of Legal Representative _____
(such as parent of a minor, guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

STAFF USE ONLY

We provided the Notice of Privacy Practices and attempted to obtain written acknowledgment but acknowledgment could not be obtained because:

Patient or Legal Representative declined to sign the Acknowledgment of Receipt.

Other (please specify) _____

Printed Name of Employee Completing Form

Date

Time

Signature of Employee Completing Form

UAMS Location

