NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT

The UCLA HS 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 http://www.dent.ucla.edu/hipaa and may be obtained throughout UCLA HS.

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) ____________________________________________________________________________________________

Information below this line for use by UCLA HS only

==================================================================

WRITTEN ACKNOWLEDGMENT 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 and Acknowledgment Mailed to Patient
☐ Other Reason Patient Did Not Sign ____________________________________________________________

Signature of UCLA HS Representative __________________________________________ Date ________________

Print Name ___________________________________________________________________________ Clinic _________________________________

Acknowledgment 3-05-03.doc

School of Dentistry v1