Acknowledgement of Receipt of Notice of Privacy Practices
(You may refuse to sign this acknowledgement.)

The undersigned acknowledges receipt of the Notice of Privacy Practices for the UNCG Speech and Hearing Center. A copy of this signed and dated document shall be as effective as the original. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the notice is changed, you may obtain a revised copy by visiting our website at www.uncg.edu/csd (Speech and Hearing Center) or upon request from our staff.

Name of Patient/Client (Please print):  ____________________________________________________________

Signature of Patient/Client:  ____________________________________________________________

Date: __________________________  OR

Name of Patient/Client (Please print):  ____________________________________________________________

Name of Patient’s/Client’s Legal Guardian or Legal Representative: (Please print):
__________________________________________________________

Signature of Patient’s/Client’s Legal Guardian or Legal Representative:
__________________________________________________________

Relationship to Patient/Client:  ____________________________________________________________

Date: __________________________

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communication barrier prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (Please Specify):  ____________________________________________________________

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