

UNCG Speech and Hearing Center  
The University of North Carolina at Greensboro (UNCG)

**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](http://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): \_\_\_\_\_

524 Highland Avenue, 300 Ferguson Building, Greensboro, NC 27412  
Phone: 336-334-5939 ~ Fax: 336-334-4475