



(Patient addressograph or label)

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The UCR Health Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice are available by accessing our website at (<http://medschoolcompliance.ucr.edu/>) and may be obtained throughout University of California Riverside Health.

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)