

The University of Texas at Arlington Health Services

Notice of Privacy Practices Acknowledgement of Receipt Form

Your signature below indicates that you have been offered a copy of UT Arlington Health Services (UTAHS) Notice of Privacy Practices. If you have any questions about the Notice of Privacy Practices, please call UT Arlington's Privacy Officer at 817-272-5100.

I have been offered the Notice of Privacy Practices.

Patient Signature

Date

Print Patient Name

Date of Birth

ID#

Gender

Parent/Guardian Signature (if patient is under 18)

Date

FOR OFFICE USE ONLY

UTAHS will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If the patient is unwilling and or unable to sign this acknowledgement, UTAHS must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not obtained.

Reason: _____

Staff Signature: _____