



### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing this form, I acknowledge that I have been offered a copy of University of Utah Health's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Personal Representative Authority

\_\_\_\_\_  
Date

Printed name of patient or personal representative: \_\_\_\_\_

Description of personal representative authority (if applicable):

Parent  Medical Power of Attorney  Other (explain\*): \_\_\_\_\_

\* Please attach all necessary documentation

To be completed by University of Utah Health Staff:

**Reason Privacy Notice Acknowledgement was NOT Obtained**

- Patient was offered the Notice of Privacy Practices, but declined to sign the acknowledgment.
- Patient is an inmate.
- Emergency Situation** (If a patient is unable to sign because they are incapacitated, check this box. When the patient is able to sign, you must offer them a copy of the Notice of Privacy Practices and ask them to sign the acknowledgment).

ADMITTING TECH ID: \_\_\_\_\_

CHECK-IN TECH ID: \_\_\_\_\_

ADDITIONAL TECH ID: \_\_\_\_\_

