



MRN: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Date of Birth: ____/____/____

I have been given a copy of Health Express Urgent Care's *Notice of Privacy Practices* ("Notice"), which describes how my health information is used and shared. I understand that Health Express Urgent Care has the right to change this *Notice* at any time. I may obtain a current copy by contacting the Facility Privacy Official, or by visiting the Health Express Urgent Care's web site at www.HealthExpressUC.com

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

x _____ /____/2017
Signature of Patient or Personal Representative Date

Print Name

Relationship To Patient (if not Self)

For Facility Use Only: Complete this section if you are unable to obtain a signature.

1. If the patient or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the patient's (or personal representative's) signature on the *Acknowledgement*:

Completed by:

Signature of Facility Representative Date

Print Name