



Patient Label Here

**Acknowledgement of Receipt of
Notice of Privacy Practices v06**

HIM # 720s

The *Notice of Privacy Practices* is a complete description of my rights as a patient of a University of North Carolina Health Care System (“UNC Health Care”) affiliate. By signing below, I am stating I have received the UNC Health Care *Notice of Privacy Practices*.

PATIENT SIGNATURE: _____
(or authorized representative)

PRINTED NAME: _____ DATE: _____ TIME: _____

RELATIONSHIP, if not patient: _____