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: ________________________________________

Patient Label Here