

## Acknowledgement of Receipt of Notice of Privacy Practices

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By signing this form, you acknowledge that you have received a copy of the Notice of Privacy Practices. This notice explains how your health information will be handled. HIPAA, the new Federal law concerning medical privacy, requires this notice.

I have received a copy of the Notice of Privacy Practices. UTHSC-H and UTP have given me the opportunity to ask any questions about this notice and all my questions have been answered.

**Provider:**

If patient was not able to sign due to an emergency, or did not want to sign, please document if patient was given the notice and the reason why the patient did not sign below.