

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The Student Health Service Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice are available by accessing our website at studenthealth.ucsd.edu and may be obtained throughout Student Health.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient's Representative

Date

Print Name

Student ID #

Interpreter (if applicable)

Relationship to Patient

WRITTEN ACKNOWLEDGEMENT NOT OBTAINED

Please document your efforts to obtain acknowledgement and reason it was not obtained.

- Notice of Privacy Practices Given - Patient Unable to Sign
- Notice of Privacy Practices Given - Patient Declined to Sign
- Notice of Privacy Practices and Acknowledgment Mailed to Patient
- Other Reason Patient Did Not Sign: _____

Signature of SHS Representative

Date

Print Name

Sub-Department