

Patient Name \_\_\_\_\_

Hospital Number \_\_\_\_\_

To be filed in the back of the medical record, behind Personal/Legal folder



## Privacy Notice Acknowledgment Form

By signing this form I acknowledge that I have received the University of Iowa Health Care Privacy Notice. I have the right to review the Privacy Notice prior to signing this acknowledgment form. The UIHC Privacy Notice can be found on the web at <http://www.uihealthcare.org/patientrights/> or a paper copy can be obtained from the Regina High School Athletic Office.

University of Iowa Health Care has the right to change the Privacy Notice from time to time. The revised Privacy Notice will be posted within University of Iowa Hospitals and Clinics and Student Health Services facilities, on the University of Iowa Health Care web site, and paper copies will be available at all registration and check-in points.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Patient  
or Legal Representative:** \_\_\_\_\_

**Relationship to the Patient:** \_\_\_\_\_

***For UIHC Use Only*** \_\_\_\_\_

For failure to obtain acknowledgement, check the appropriate reason:

- Substantial communication barriers
- Refusal to sign
- Other \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
UIHC Staff Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Department:

\_\_\_\_\_  
Title: