

**UMPQUA COMMUNITY HEALTH CENTER, INC.
RECEIPT OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have received a copy of Umpqua Community Health Center, Inc.'s Notice of Privacy Practices.

(Signature of patient or legal guardian)

(Printed patient or guardian name)

Date: _____, 20__

FOR INTERNAL PURPOSES ONLY:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevents us from obtaining acknowledgement

Other (please specify): _____

Acknowledgement

Form 1a