



# Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, \_\_\_\_\_ have received a copy of Umpqua Community Health Center's notice of Privacy Practices.

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(Signature of patient or legal guardian)

(Printed patient or legal guardian)

Date \_\_\_\_\_

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### For Internal Purposed 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 acknowledgement.
  - An emergency situation prevents us from obtaining acknowledgement.
  - Other (please specify): \_\_\_\_\_
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