



BAYLOR
UNIVERSITY

Notice of Privacy Practices Acknowledgement of Receipt

Today's Date: _____

I acknowledge that I was provided with a copy of the Baylor University Notice of Privacy Practices for Health Services and Clinics.

Patient Name (Print)

Patient Signature

If completed by a patient's personal representative (e.g., parent or legal guardian), please print and sign your name in the space below.

Personal Representative (Print)

Personal Representative Signature

Relationship

For Baylor University use only

Complete this section if this form is not signed and dated by the patient or patient's personal representative.

I have made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices but was unable to for the following reason:

- Patient refused to sign
- Patient unable to sign
- Other: _____

Employee Name

Date

This form should be placed in the patient's record.