



# 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.

01.22.2020

