



Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES: ACKNOWLEDGEMENT OF RECEIPT

\*You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

This notice has been explained to me in a language which I understand and have been given opportunity to ask questions.

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### Patient/Other Legally Authorized Representative

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### Interpreter Services

Was an interpreter used?

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### For Office Use Only

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

ROBERT B. GREEN CAMPUS  
UNIVERSITY HEALTH ROBERT B. GREEN CAMPUS FFACTS  
903 W. MARTIN STREET  
SAN ANTONIO TX 78207-0903  
BEXAR

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Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_



Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify)