

Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given access to a copy
of the UCSF Notice of Privacy Practices (Notice) on the date indicated. If you have any
questions regarding the information in the Notice of Privacy Practices, please do not hesitate to
contact a clinic representative. Also, a copy is posted on our website at www.UBCP.org.
Printed Patient Name Date of Birth (DOB)
If Patient is a Minor, Printed Parent/Legal Guardian or Financial Guarantor Name

Signature of Patient or Parent/Legal Guardian

Relationship to Patient

Today's Date (Date Noticed Received)