

## Acknowledgment of Receipt of Notice of Privacy Practices

UTMB has provided you a copy of its Notice of Privacy Practices. The UTMB Notice of Privacy Practices explains your privacy rights and how we may use and disclose your protected health information.

If you have any questions about the information described in UTMB's Notice of Privacy Practices, please contact the UTMB Privacy Office at (409) 747-8700.

My signature below indicates that I have been provided with a copy of UTMB's Notice of Privacy Practices.

\_\_\_\_\_  
**Signature of Patient or Legal Representative**

\_\_\_\_\_  
**Print Patient Name**

\_\_\_\_\_  
If signed by legal representative, state relationship to patient

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient Date of Birth**

**For UTMB Use Only:**

Route this form to HIM to be placed in HIM Unit Medical Record.

IF PATIENT ID CARD IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

**ACKNOWLEDGMENT OF RECEIPT OF  
PRIVACY PRACTICES**

Medical Record Form 7079-3/03  
**The University of Texas Medical Branch Hospitals  
Galveston, Texas**

Original-Medical Record