The UCSF Notice of Privacy Practice provides information about how we may use and disclose protected health information about you.

In addition to the copy we have provided you, copies of the current notice are available by accessing our website at http://www.ucsfhealth.org and may be obtained throughout UCSF Health System.

I acknowledge that I have received the Notice of Privacy Practice.

____________________________________ _____________________
Signature of Patient or Patient’s Representative Date

____________________________________
Print Name

____________________________________
Name of Interpreter (if applicable)

If written acknowledgement is not obtained, please check reason:

☐ Notice of Privacy Practice Given - Patient Unable to Sign
☐ Notice of Privacy Practice Given - Patient Declined to Sign
☐ Other ______________________________________________________________________

____________________________________ ______________________
Signature of UCSF Representative Date

____________________________________
Print Name

____________________________________
Department