

Acknowledgement of Receipt of Notice of Privacy Practices

Effective Date: April 14, 2003

I have been provided a copy of the Shands HealthCare* and the University of Florida Health Science Center's Notice of Privacy Practices. I understand that I may ask questions about this notice at any time.**

* Shands HealthCare consists of Shands Teaching Hospitals and Clinics, Inc., Shands at Lake Shore, Inc., and Shands Jacksonville Medical Center, Inc.

** University of Florida Health Science Center consists of the UF Health Science Center clinics and physicians offices; the Florida Clinical Practice Association; the University of Florida Jacksonville Physicians, Inc., the University of Florida Jacksonville Healthcare, Inc., the University of Florida Colleges of Medicine, Nursing, Health Professions, Dentistry and Pharmacy; and other affiliated health care providers.

Patient Signature: _____ Date: _____

If not signed by the patient, please indicate relationship:

Legal Representative Signature: _____ Date: _____

Relationship to Patient: _____

For Office Use Only:

Signed form received by: _____
Print Name

Facility Name

Refused to Sign Acknowledgement

Efforts to obtain signature: _____

Reasons for refusal: _____