

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY

I received The University of Chicago OHCA's Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Signature of Patient (or Personal Representative\*)

\_\_\_\_\_, 20\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Personal Representative's Name (Printed)

\_\_\_\_\_  
Relationship of Personal Representative

*\* The Personal Representative is the patient's decision maker if the patient cannot act for themselves. It can be the parent, legal guardian, health care surrogate, or other person.*

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**The University of Chicago Medical Center**  
5841 South Maryland Avenue, Chicago IL 60637

*The University of Chicago Organized Health Care Arrangement or "OHCA." It applies to the health services you receive at the below entities:*

- 1. The University of Chicago Medical Center (UCMC): including its nurses, residents, volunteers, and other staff;*
- 2. Portions of The University of Chicago that participate in or support the activities of health care, including its physicians, nurses, students, volunteers, and other staff; and*
- 3. UCMC Community Physicians.*