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*)   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.

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.