Notice of Privacy Practices Acknowledgment

The Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers brochure describes how medical information about you may be used and disclosed, how you can get access to this information, and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices, and follow the information practices that are described in this notice. If you have any questions, please contact: UW Medicine Privacy Office **1-866-964-7744**.

Please do not write comments on this form, refer to the "Your Individual Rights About Patient Health Information."

We may change our policies at any time. Any significant policy change will be posted. You may request a copy of this notice from the UW Medicine Privacy Office 866-964-7744, or at www.uwmedicine.org

By signing below, I agree that I have received the Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers.

PATIENT NAME:	
SIGNATURE (PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)	DATE

IF SIGNED BY PERSON OTHER THAN PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner

☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child in out-of-home placement ☐ 3. Parent(s)

☐ 4. Holder of signed authorization from parent(s) ☐ 5. Adult representing self to be a relative responsible for the minor's health

FOR OFFICE USE ONLY: REMARKS for the UW Medicine Notice of Privacy Practices:
(This section below is to be filled out by UW Medicine staff only)

We are unable to obtain acknowledgment from this individual at this time, but immediate treatment is needed for the following reason(s):

☐ *Emergency Treatment Situation*
☐ *Incarcerated Patient*
☐ *Patient refuses to sign*
☐ *Patient unable to sign*

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT