

**NOTICE OF PRIVACY PRACTICE WRITTEN
ACKNOWLEDGEMENT FORM**

I, _____, have received a copy of
University Internal Medicine, Inc.'s Notice of Privacy Practices.

Signature

Date

Signature of Legal Guardian

I attempted to obtain the patient's signature in acknowledgement of this
Notice of Privacy Practices Acknowledgement, but was unable to do so as
documented below:

Date

Staff Initials

Reason

PRIMARY, COMPREHENSIVE AND CONTINUING CARE