



Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____ have received a copy of Umpqua Community Health Center's notice of Privacy Practices.

(Signature of patient or legal guardian)

(Printed patient or legal guardian)

Date _____

For Internal Purposed Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
 - Communication barriers prohibited obtaining acknowledgement.
 - An emergency situation prevents us from obtaining acknowledgement.
 - Other (please specify): _____
-