

**NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGEMENT**

I have received a copy of the VUMC *Notice of Privacy Practices*. I understand that VUMC has the right to change its *Notice of Privacy Practices* from time to time and that I may contact VUMC at any time to obtain a current copy of the *Notice of Privacy Practices*.

Patient Name (**print**) \_\_\_\_\_

Signature of patient \_\_\_\_\_  
/Legal Representative

Relationship to Patient \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

PRINT PLEASE

I have attempted to obtain the patient's signature on this form, but was not able to for the following reason:

Date:

*Please document the reasons you were unable to obtain the signature.*

Initials: