

UTC

URGENT TREATMENT CLINICS

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

In accordance with the federal governments Privacy Standard for Individually Identifiable Health Information, please provide us with the requested information and sign below:

- **The following family members can call to get my test results:**
 1. _____
 2. _____
 3. _____

- **Is it OK to leave a message for you on your answering service?**

Yes No

Phone #: _____

- **The following family members/friends are able to pick up x-rays, sample medications or prescriptions for me:**
 1. _____
 2. _____
 3. _____

- **I have received a copy of the Urgent Treatment Clinic's Notice of Privacy Practices.**

Patient Name: _____

Patient Signature: _____ **Date:** _____