

Name MRN

HIPAA- Notice of Privacy Practice Acknowledgment

University HealthCare Alliance

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of University HealthCare Alliance. Our Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read our full Notice. If you have any questions about our Notice of Privacy Practices that our registration staff cannot answer, please contact our Executive Director of Compliance at 510-806-3228, or send a written inquiry to the Compliance Office, 7999 Gateway Blvd, Suite 200, Newark, CA 94560

University HealthCare Alliance ("UHA") is a medical foundation affiliated with Stanford Health Care and Stanford Medicine. UHA contracts with a number of physician groups to provide the medical care in the UHA clinics. Neither UHA, Stanford Health Care, nor Stanford University employ the physicians in the clinics and do not exercise control over the professional services provided by the physician groups.

University HealthCare Alliance.	i acknowledge receipt of the Notice of Privacy Practices of
Signature:(patient/parent/personal re	Date:
(patient/parent/personal re	presentative)
Print Name:	Relationship to patient:
For Internal Use of University HealthCare Alliance or its me	Only: Inability to Obtain Acknowledgment Ember medical group is not able to obtain the patients acknowledgment, acknowledgment and the reason acknowledgment not obtained:
☐ Request via email	ter to Medical Records for inclusion in patient's record)
Reason acknowledgment was not obtaine Patient refused to sign Patient unable to sign Patient did not return acknowledgr Other:	ment via mail or email
Staff Print Name/Title/Clinic:	
Staff Signature:	Date: