



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

UNCG Speech and Hearing Center

Notice of Privacy Practices Acknowledgement Form

The UNCG Speech and Hearing Center's Notice of Privacy Practices provides information about how we may use and disclose Protected Health information about you. It also provides information on what your rights are regarding your Protected Health Information as outlined by the Health Insurance Portability and Accountability Act of 1996.

As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by making a request or by downloading a copy from our website at www.uncg.edu/csd.

By signing this form, I acknowledge that I have received a copy of the Notice of Privacy Practices or had the opportunity to review the notice.

(Print Client Name)

(Client or Legal Representative Signature)

(Date)

(Witness Signature)

(Date)

File # _____