



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY

I received The University of Chicago OHCA's Notice of Privacy Practices.

Patient's Printed Name

Signature of Patient (or Personal Representative*)

_____, 20____
Date of Signature

Personal Representative's Name (Printed)

Relationship of Personal Representative

** The Personal Representative is the patient's decision maker if the patient cannot act for themselves. It can be the parent, legal guardian, health care surrogate, or other person.*

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Biological Sciences Division of The University of Chicago

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Homewood Child Life Center, 19550 Governor's Hwy., Suite 2500, Flossmoor, IL 60423
UCPG at 87th & Greenwood, 1111 E. 87th Street, Suite 900A, Chicago, IL 60619
UCPG at 47th & Lake Park Ave., 1301A E. 47th St., Chicago, IL 60615
UCPG at Matteson, 4801 Southwick Drive, Matteson, IL 60430