



10.26



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.*

The University of Chicago Medical Center
5841 South Maryland Avenue, Chicago IL 60637

The University of Chicago Organized Health Care Arrangement or "OHCA." It applies to the health services you receive at the below entities:

- 1. The University of Chicago Medical Center (UCMC): including its nurses, residents, other staff, and volunteers;*
- 2. Portions of The University of Chicago that participate in or support the activities of health care: including its physicians, nurses, students, volunteers, and other staff.*