

Yale HEALTH

P.O. Box 208237
New Haven, CT 06520-8237

Acknowledgement of Receipt of Notice of Privacy Practices

Each adult Yale University Health Services (YUHS) patient must return a completed form indicating that they have received YUHS's Notice of Privacy Practices. In addition, a form must be signed by a parent or guardian for each child under the age of 18 who is also a patient or incapacitated adult patients.

Printed name of YUHS patient: _____

Patient's date of birth: _____ Patient's telephone number: _____
Month / Day / Year Home

Work

Cell

Patient's address: _____

Patient's signature: _____ Date: _____

Or for child under 18 or incapacitated adult patients:

Signature of parent or guardian: _____ Date: _____

Relationship to patient: _____

For Office Use Only		
Initials:	Date Processed:	MRN: