



UMC

UNCOMPAHGRE MEDICAL CENTER

## Acknowledgment of Receipt of Notices

Chief Quality and Compliance Officer: Nichole Long, MSN, RN  
(970) 327-4233

*I hereby acknowledge that I have been offered a copy of Uncompahgre Medical Center's  
Notice of Privacy Practices.*

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient DOB

\_\_\_\_\_  
Print Your Name (if not Patient)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Best Contact Number

If not signed by the patient, please indicate your relationship to the patient:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

↓ For Office Use Only ↓

Acknowledgment Refused:

Efforts to Obtain: \_\_\_\_\_

Reasons for Refusal: \_\_\_\_\_