



UNC Health Care System  
101 Manning Drive  
Chapel Hill, NC 27514

**Acknowledgement of Receipt of  
Notice of Privacy Practices**

MIM # 720

The *Notice of Privacy Practices* is a complete description of the rights of patients at the University of North Carolina Health Care System (“UNC HCS”) with respect to the patients’ information and how patient information is protected. I have been given the opportunity to review the *Notice of Privacy Practices* prior to signing any General Consent for Treatment at UNC HCS.

By signing below, I am stating I have received the *Notice of Privacy Practices* of UNC HCS.

PATIENT SIGNATURE: \_\_\_\_\_  
(or authorized representative)

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP, if not patient: \_\_\_\_\_

**OR**       **Notice Previously Received**

***PLEASE SEND SIGNED ACKNOWLEDGEMENT BACK TO UNC HCS IN THE ENCLOSED, SELF-ADDRESSED ENVELOPE.***