

TEMPLE UNIVERSITY HEALTH SYSTEM
Systema De Salude De La Univisidad Temple

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
Reconocimiento De Anuncio Practico Privado

This is to acknowledge that I have received a copy of the Temple University Health System Notice of Personal Health Information Privacy Practices.

Esto es para reconocer que recibí copia de la Pratica Privada del Systema De Salud de La Univisidad Temple.

Name: _____ **Date:** _____
Nombre: _____ **Fécha**

Signature: _____
Firma

Signature was not obtained because:

- Patient refused to sign
- Patient unable to sign due to _____

No obtenido la firma porque:

- Paciente se nego firmar
- Paciente no pudo firmar porque _____

TUHS Employee's Signature (Required only if patient's signature cannot be obtained).