

# Patient's Acknowledgment of Receipt of Brown University Health Privacy Notice

I have received a copy of the Privacy Notice. It describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the notice may be changed at any time. I may obtain a revised copy of the notice by calling any Brown University Health partner, or 401-444-4728 or from the Brown University Health website at [www.brownhealth.org](http://www.brownhealth.org).

By signing below you indicate that you have received a copy of Brown University Health Privacy Notice.

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Printed Name of Patient:

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Patient's MRN

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Patient's Date of Birth

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Signature of Patient

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Date Signed

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Signature of Patient's Representative/Guardian  
**(only applicable if patient is unable to sign)**

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Relationship to Patient

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Date Signed