

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.

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

Printed Name of Patient:

Patient's MRN

Patient's Date of Birth

Signature of Patient

Date Signed

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

Relationship to Patient

Date Signed