THE University of Vermont MEDICAL CENTER

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices at The University of Vermont Medical Center informing me of how The University of Vermont Medical Center will use my personal health information.

My understanding of this Notice will help me ensure the accuracy of my health information, better understand who, what, when, where and why others may access my health information.

I acknowledge receipt of the Notice and understand any questions pertaining to The University of Vermont Medical Center's privacy policies may be answered by contacting The University of Vermont Medical Center Patient & Family Advocacy Department @ (802) 847-3500.

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Patient or Guardian Date of Receipt

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Relationship to Patient

❑ Patient Unable to Sign ❑ Patient Refused to Sign

Reason:

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Witness:

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