

Yuba Community College
Health Center

PRIVACY PRACTICES NOTICE: Acknowledgement of Receipt

Acknowledgement of Receipt

When you sign this form you are acknowledging the receipt of the Privacy Practices Notice of Yuba College Health Center and not agreement with our privacy practices. The Privacy Practices Notice provides you with information about how the Health Center may use and disclose your protected health information (PHI). You are encouraged to read the notice in its entirety.

The Privacy Practices Notice is subject to change. If the notice is changed, you may obtain a copy of the revised notice by accessing the Yuba College Web site at www.yccd.edu or by calling the Health Center at 741-6818.

I hereby acknowledge receipt of the Yuba College Health Center Privacy Practices Notice.

Student Name: _____
(Please Print)

Student Signature: _____
(Student/Parent if student <18 years old/Conservator/Guardian)

Date: _____

Inability to Obtain Acknowledgement

This portion should be completed only if no signature is obtained. If it is not possible to obtain the student's Acknowledgement of Receipt, please describe the good faith efforts that were made in order to obtain the individual's acknowledgement and specific reasons why the acknowledgement was not obtained:

Patient Name: _____

Provider Representative Signature: _____

Date: _____