



## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY**

I received The University of Chicago OHCA's Notice of Privacy Practices.	
Patient's Printed Name	
Signature of Patient (or Personal Representative*)	, 20 Date of Signature
Personal Representative's Name (Printed)  * The Personal Representative is the patient's decision	Relationship of Personal Representative
It can be the parent, legal guardian, health care surrog	

## The University of Chicago Medical Center

5841 South Maryland Avenue, Chicago IL 60637

The University of Chicago Organized Health Care Arrangement or "OHCA." It applies to the health services you receive at the below entities:

- 1. The University of Chicago Medical Center (UCMC): including its nurses, residents, other staff, and volunteers;
- 2. Portions of The University of Chicago that participate in or support the activities of health care: including its physicians, nurses, students, volunteers, and other staff.

