Patient ID sticker/Medical Record Number

Acknowledgement of Receipt of Saint Louis University Notice of Privacy Practices

Effective April 14, 2003
Amended September 23, 2013

I hereby acknowledge that I received a copy of the Saint Louis University Notice of Privacy Practices.

Date

Signature of Patient or Patient's Representative

Print Patient or Representative Name

Relationship of Representative to Patient

_____ Patient refused to sign acknowledgement.

Signature of Person Witnessing Refusal

MEDICAL RECORD COPY