PATIENT ACKNOLEDGEMENT FORM

PATIENT ACKNOLEDGEMENT OF UNDERSTANDING OF THE UNIVERSITY OF NORTH GEORGIA'S "NOTICE OF PRIVACY PRACTICES"

Patient's Name_____ ID#_____ Date of Birth_____

I understand that the patient's health information is private and confidential. I understand that the University of North Georgia works very hard to protect and preserve confidentiality of the patient's personal health information.

I understand that the University of North Georgia may use and disclose the patient's personal health care information to help provide health care to the patient and to take care of other health care operations. (In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without permission. These situations are very unusual. One example would be if the patient threatened to hurt someone.)

The University of North Georgia has a detailed document called the "Notice of Privacy Practices." The "Notice of Privacy Practices" contains more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "notice" before signing this agreement.

The University of North Georgia may update this "Notice of Privacy Practices." If I ask, the University of North Georgia will provide me with the most current "Notice of Privacy Practices." Under the terms of this acknowledgment, I can ask the University of North Georgia to limit how the patient's personal health care information is used or disclosed to carry out treatment or health care operations. I understand that the University of North Georgia does not have to agree to my request. I understand that the University of North Georgia would follow the agreed limits.

I may cancel this acknowledgement of consent in writing at any time by doing the following:

1. Signing and dating the form that the University of North Georgia can give me a form called "Revocation of Consent" for use and disclosure of healthcare information; or
2. Writing, signing, and dating a letter to the University of North Georgia. If I write a letter, it must say that I want to revoke my acknowledgement of consent to authorize the use and disclosure of the patient's personal health care information for treatment and health care operations.

If I revoke this consent, the University of North Georgia does not have to provide any further services to the patient.

My signature below indicates that I have been given the chance to review a current copy of the University of North Georgia's "Notice of Privacy Practices." My signature indicates that I have been given the opportunity to review a current copy of the University of North Georgia's "Notice of Privacy Practices" to use and disclose the patient's personal health care information to carry out treatment and health care information.

_____ _____ _____

Patient or legally authorized individual signature Date Time

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Relationship to patient if signed by anyone other than the patient

(Parent, legal, guardian, personal representative, etc)

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact Student Health Services at stuhealthgvl@ung.edu and (678)696-2676.