



UNITED INDIAN HEALTH SERVICES, INC.
Healthy mind, body, and spirit for generations of our American Indian Community

NOTICE OF PRIVACY PRACTICES

Acknowledgment of Receipt

The protection of your health information is important at United Indian Health Services (UIHS).

We are providing you with a copy of our Notice of Privacy Practices which describes how we protect your health information and your privacy rights.

By signing this form, you acknowledge that you (or for a child/adult for whom you are the legal guardian) have received a copy of the UIHS Notice of Privacy Practices.

Print Your Name: _____

Print Clients Name (if other than yourself): _____

Signature: _____ Date: _____

For Office Use Only:

Date: _____ Staff Signature: _____

Site: _____ Clinic: _____

Check here if client refused Other reason notice not distributed:

Client Name: _____ DOB: _____ HR#: _____