

**Lakewood Urgent Care**  
**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_ acknowledge that either:

\_\_\_\_\_ I have **received a copy** of Lakewood Urgent Care's Notice of Privacy Practices;

OR

\_\_\_\_\_ I **declined** the offered copy of Lakewood Urgent Care Notice of Privacy Practices. I have been informed that a copy of the Notice of Privacy Practices is available to me in the waiting room of LUC.

This Notice describes how Lakewood Urgent Care may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

\_\_\_\_\_  
Patient Print Name                      Patient Signature                      Date

\_\_\_\_\_  
Patient Authorized Representative                      Representative Signature                      Date

\_\_\_\_\_  
Relationship to Patient