

IOWA STATE UNIVERSITY
THIELEN STUDENT HEALTH CENTER

Acknowledgement for Receipt of Notice of Privacy Practices

I acknowledge that the Notice of Privacy Practices for Iowa State University Health Care Providers has been made available to me.

Print full name of patient

Student ID # or Date of Birth

Signature of patient or personal representative

Date

If personal representative signature appears above, please describe personal representative's relationship to patient: _____

Note: You may hand carry or fax (515-294-5457) this signed acknowledgment to Thielen Student Health Center. This form is also available for signature at Thielen Student Health Center.