

Rush Pain Center/University Pain Center
("Pain Center")

Notice of Privacy Practices
Effective date 4/14/03

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I have received a copy of the Notice of Privacy Practices:

- Paper
- Electronic Mail

Name of Patient

Signature of Individual Acknowledging NPP

- Patient
- Healthcare Surrogate
- Personal Representative

Employee Witness

Date

The Pain Center was unable to attain patient acknowledgment of the Notice of
Privacy Practices. Please explain below circumstances of the patient's refusal to
acknowledge the Notice of Privacy Practices in the section provided below.

Name of Employee

Employee Signature

Date

A COPY OF THIS FORM SHOULD BE PLACED IN THE MEDICAL RECORD.