

Planned Parenthood Association of Utah
ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge that you have received Planned Parenthood Association of Utah's Notice of Privacy Practices (the "Notice"). The Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information.

I agree that an electronic signature is as valid as an original, hard copy signature.

Signature of patient _____ Date _____

Signature of any other person consenting _____ Relationship to patient _____

I witness the fact that the patient/ patient's legal guardian (or person consenting on the patient's behalf) received the above mentioned information and said it was read and understood.

Signature of witness _____ Date _____

Planned Parenthood Association of Utah USE ONLY

I attempted to obtain the patient's signature in acknowledgment of receipt of the Notice, but was unable to do so, as documented below:

Date:

Staff Name:

Reason:

NON DISCRIMINATION POLICY

Planned Parenthood Association of Utah complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Planned Parenthood Association of Utah does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Planned Parenthood Association of Utah provides free aids and services to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in other formats (larger print, audio, accessible electronic formats, or other formats).
- Planned Parenthood Association of Utah provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, then please let any staff member know.

If you believe that Planned Parenthood Association of Utah has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, then you can file a grievance with Lesley Bailey- 385-355-1543. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, then Lesley Bailey- 385-355-1543 is available to help you. You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building, Washington, DC 20201
1- 800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

12/19

Salt Lake (801) 322-5571

Utah Valley (801) 226-5246

West Valley (801) 973-9675

St. George (435) 674- 9933

Ogden (801) 479- 7721

South Jordan (801) 254-2052

Logan (435) 753-0724

Metro (801) 257-6789