

FACULTY PRACTICE GROUP – Ambulatory Operations

STANDARDS AND GUIDELINES

The logo for UCLA Health System, featuring the text "UCLA Health System" in a blue and white color scheme.**SECTION:** Front Desk Operations

REFERENCE #:

SUBJECT: Notice of Privacy Practices

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APPROVALS: FPG: CAO-SC: APCA: EAC:

EFFECTIVE:

PURPOSE:

In accordance to the Privacy Rule (HS9411), all FPG Ambulatory practices will provide detailed information about UCLA Health System's privacy practices to all patients at the time of service. (See attached). In addition to the copy provided, copies are available by accessing our website at <http://www.healthcare.ucla.edu>.

POLICY:

Each patient will be provided with a copy of UCLA Health System's current *Notice of Privacy Practices*. Receipt of said document will be acknowledged by a member of the UCLA staff and by the patient's signature on the *Acknowledgment of Receipt form*. Within 14 days from the date of service, this form should be forwarded to:

Privacy Management Office
BH225 CHS
Mail Code: 177620

The Acknowledgement of Receipt form will then be scanned and uploaded to iCap. Prompt delivery of this form ensures the patient will not be repetitively asked to sign duplicate forms.