

**Oklahoma State University  
Center for Health Sciences**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM.**

\_\_\_\_\_  
Patient Name & Date of Birth

I, \_\_\_\_\_, have **received** a copy of Oklahoma State University Center for  
Patient Name or Legal Representative  
Health Sciences' Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date