

**WICHITA STATE UNIVERSITY
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Wichita State University AEGD is legally required to provide you with a copy of its **NOTICE OF PRIVACY PRACTICES** the first time you receive care at the WSU AEGD . If you are here for emergency medical treatment, you will be given a copy as soon as possible.

PATIENT OR PATIENT'S LEGAL REPRESENTATIVE

- I have received a copy of the Notice of Privacy Practices
- I have previously received a copy of the Notice of Privacy Practices
- I do not want a copy of the Notice of Privacy Practices

Signature of Patient/Legal Representative

Date

Printed Name of Patient/Legal Representative