



## **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

The UW Autism Center Notice of Privacy Practices describes how medical information about you may be used and disclosed, how you can get access to this information, and which procedures you may use if you have questions, concerns or complaints.

We are required by law to protect the privacy of your information, provide the Notice of Privacy Practices, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact our Clinic Coordinator at 206-616-8642.

Please do not write comments on this form. Refer to the "Notice of Privacy Practices" for instructions to make special requests about your Privacy Rights.

Note: We may change our policies at any time. Any significant policy change will be posted. You may request a copy of this notice from the Clinic Coordinator at 206-221-6806 or <http://depts.washington.edu/uwautism/>.

Print Client's Name: \_\_\_\_\_

By signing below, I agree that I have received the UW Autism Center Notice of Privacy Practices.

\_\_\_\_\_  
**Signature (Parent/Conservator)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Relationship to client**

\_\_\_\_\_  
**Signature of client (If Client is 13 yrs or older)**

\_\_\_\_\_  
**Date**