PACE UNIVERSITY

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT FORM

I	acknowledge that I have received a
Print Name copy of the University's Notice of Privacy Practi	<u> </u>
copy of the offiversity's Notice of Trivacy Tracti	ces and I consent to the use of my protected
health information for treatment, payment and the	e healthcare operations of the University as
summarized in the Notice of Privacy Practices.	
Signature	Date
Signature	Date
Please return this acknowledgment in person, by	mail or fax to the office noted below.
<u>Westchester</u>	New York City
□ Pace University	□ Pace University
University Health Care	University Health Care
Goldstein Health, Fitness & Recreation Center	41 Park Row, Room 313
861 Bedford Rd	New York, NY 10038
Pleasantville, NY 10570	Fax: 914-346-1308
Fax: 914-773-3651	

NOTE: If you are returning this form by mail, the office address is preprinted on the other side of this sheet. Please fold it in thirds, seal with staple or tape and affix correct postage. Thank you.