



Source	Date
Patient Identification	

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT OF RECEIPT

The UCSD Healthcare Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we are providing you, copies of the current notice are available by accessing our web site at <http://health.ucsd.edu> and may be obtained throughout UCSD Healthcare.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of patient or representative

Date

Print Name

()

Telephone Number

Relationship to patient (if other than patient):

Name of interpreter (if applicable)

**(For UCSD Healthcare staff use only)
WRITTEN ACKNOWLEDGMENT NOT OBTAINED**

Please document your efforts to obtain acknowledgment and reason it was not obtained.

- Notice of Privacy Practices Given - Patient Unable to Sign
- Notice of Privacy Practices Given - Patient Declined to Sign
- Notice of Privacy Practices and Acknowledgment Mailed to Patient
- Other Reason Patient Did Not Sign _____

Signature of UCSD Healthcare Representative

Date

Print Name

Department



Human Research Protections Program
(858) 455-5050
(858) 455-9540 (FAX)

University of California, San Diego
9500 Gilman Drive, Mail Code 0052
La Jolla, CA 92093-0052

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

The faculty and staff of the University of California, San Diego and the Veteran's Affairs San Diego Healthcare System wish you to know:

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment, or who is requested to consent on behalf of another, has the right to:

1. Be informed of the nature and purpose of the experiment.
2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be used.
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
5. Be given a disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
7. Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time, and the subject may discontinue participation in the medical experiment without prejudice.
9. Be given a copy of a signed and dated written consent form when one is required.
10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

If you have questions regarding a research study, the researcher or his/her assistant will be glad to answer them. You may seek information from the Human Research Protections Program - established for the protection of volunteers in research projects - by calling (858) 455-5050 from 8:00 a.m. to 4:30 p.m., Monday through Friday, or by writing to the above address.