



Urgent Behavioral Health Care

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Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given the opportunity to review and request a copy of Urgent Behavioral Health Care's Notice of Privacy Practices (Notice) on the date indicated. If you have any questions regarding the information in UBHC's Notice of Privacy Practices, please do not hesitate to contact Laura Gonzalez – UBHC Office Manager as indicated on your Notice.

Patient Name (Printed): _____

DOB : _____

Signature: _____

Printed name is acceptable if you don't know how to add a digital signature.

Date Notice Received: _____

If Patient Representative, Name (Printed): _____

If Patient Representative, Relationship to Patient (Printed): _____

If Patient Representative, Signature: _____

*If the email form button does not work on your system please manually attached the pdf files and email to UBHC@UrgentBehavioralHealthCare.com.