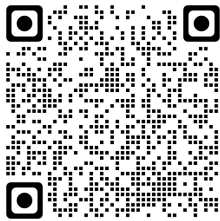


PATIENT PRIVACY FORMS

Notice of Privacy Practices

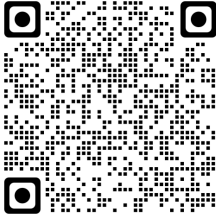
uihc.org/privacy-notice



English



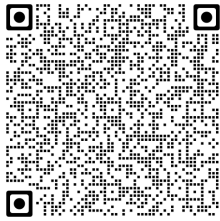
Español



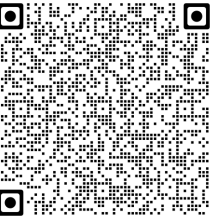
Francés

Notice of Privacy Practices Acknowledgement Form

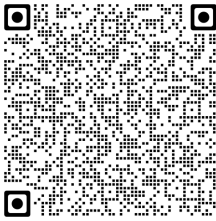
uihc.org/privacy-form



English



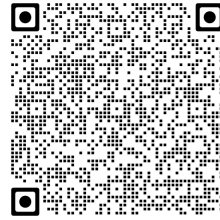
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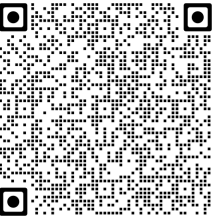
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Patient Rights and Responsibilities

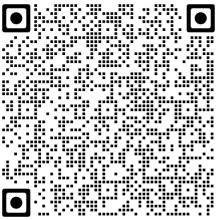
uihc.org/patient-rights



English



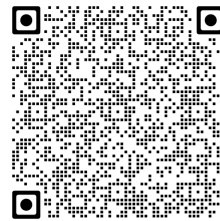
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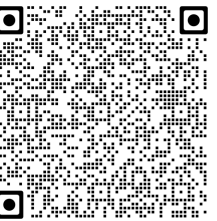
Francés

Authorization to Bill and Authorization to Release of Information (A&A)

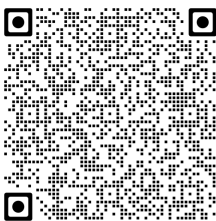
uihc.org/auth-bill



English



Español



Francés