

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received Kewaunee County’s Privacy Notice.

Client Signature _____
Date

Kewaunee County staff should complete if Acknowledgement Form is not signed:

- 1. Does patient have a copy of the Privacy Notice? Yes No
- 2. Please explain why the patient did not sign an acknowledgement form and explain Kewaunee County’s efforts in trying to obtain the patient’s signature (check all that apply):
 - Patient Unable to Comprehend
 - Patient Refuses
 - Patient/Legal Representative Left before Signature Obtained
 - Patient Communication Barrier
 - Legal Representative not Available
 - Other reasons and efforts:

Employee Signature _____
Date