

ACKNOWLEDGEMENT OF RECEIPT OF :

“Authorization for use or disclosure of health information” form

Client Name \_\_\_\_\_

By signing this form, you acknowledge that Jane Woodward has given you a copy of her Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003.

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

Check all that are true:

I have received Jane Woodward's Privacy Notice.

Jane Woodward has given me the chance to discuss my concerns and questions about the privacy of my health information.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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Staff should complete if Acknowledgement Form is not signed:

Does the client have a copy of the Privacy Notice?

Yes

No

Please explain why the client was unable to sign an acknowledgement form and staff's efforts in trying to obtain the client's signature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_