
Last Name First Name MI

Patient record#: _____

Date of Birth: ____/____/____

**ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF PRIVACY
PRACTICES**

By signing below, I am acknowledging that:

I am either the patient or the patient's personal representative;

I have received a copy of the "Notice of Privacy Practices" for _____
County/District Health Department; and

I understand that I may contact the person named in the Notice if I have questions
about the content of the Notice.

Signature of patient or parent/legal guardian/legally responsible person

Date

Description of relationship to patient

TO BE COMPLETED BY STAFF

Complete all applicable parts—Please refer to instructions

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the patient or the
patient's personal representative for the following reason:

Patient/personal representative refused to sign form

Other _____

*Part 2. Complete if patient/personal representative unavailable to sign form on first date of
service delivery:*

Form mailed/sent to patient/personal representative on _____.
Date

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member

Date

Last Name First Name MI

**AVISO DE PROCEDIMIENTOS DE
PRIVACIDAD**

Patient record#: _____

Date of Birth: ____/____/____

Firmando abajo, estoy reconociendo eso:

Soy del paciente el representante personal paciente o;

He recibido una copia **del aviso de procedimientos de privacidad para** _____

Departamento de la salud del condado/del distrito; y

Entiendo que puedo entrar en contacto con a la persona nombrada en el aviso si tengo preguntas sobre el contenido del aviso.

Firma del paciente o del padre/del guarda legal/de la persona legalmente responsable Fecha

Descripción de la relación al paciente

TO BE COMPLETED BY STAFF

Complete all applicable parts—Please refer to instructions

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the patient or the patient's personal representative for the following reason:

Patient/personal representative refused to sign form

Other _____

Part 2. Complete if patient/personal representative unavailable to sign form on first date of service delivery:

Form mailed/sent to patient/personal representative on _____
Date

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member Date

INSTRUCTIONS ACKNOWLEDGMENT FORM

Purpose of the Form

Under the HIPAA Privacy Rule, the local health department is required to disseminate its Notice of Privacy Practices to all patients upon the first delivery of service after April 14, 2003, and to make a good faith effort to obtain the patient's acknowledgment that he or she has received the Notice. If the acknowledgment cannot be obtained, the department must document that it attempted to obtain the acknowledgment and the reason it was unable to do so.¹ This Acknowledgment Form serves two purposes:

Top portion: The signature of the patient (or the patient's personal representative) on the top portion of the form documents the acknowledgment of receipt of the Notice of Privacy Practices.

Bottom portion: If the signature of the patient or personal representative is not obtained on the top portion of the form, the bottom portion provides a place for the staff member to document his or her good faith effort to obtain the acknowledgment.

Instructions for Staff

Step One: Provide the Notice of Privacy Practices to patients receiving services for the first time since April 14, 2003.

- a. In most cases, you will be able to give the Notice directly to the patient or the patient's personal representative (such as a parent or guardian). If you are able to do this, proceed to Step Two, below.
- b. In some cases, you will not be able to give the Notice directly to the patient or personal representative. For example, a patient with a personal representative may be presented for care by someone other than the personal representative or you may provide care to someone for the first time over the telephone. In such cases, you should mail the Notice to the patient or the patient's personal representative, or ask the person who presents the patient for care to deliver the Notice to the personal representative. If you must do this, skip Step Two and go directly to Step Three, below.

Step Two: If the patient or personal representative is available, complete the name, patient record number, and DOB portions of an Acknowledgment Form, then ask the patient or personal representative to sign and date the top portion (above the bold line) of the form.

- a. If you obtain the signature, file the form [*health department may choose to specify where the form is to be filed*]. You do not need to complete the bottom portion of the form. This completes the process. You do not need to complete Steps Three and Four below.

¹ Section 164.520 of the HIPAA Privacy Rule (45 C.F.R. § 164.520).

- b. If you do not obtain the signature, complete Parts 1 and 3 in the bottom portion of the form. File the form. This completes the process. You do not need to complete Steps Three and Four below.

Step Three: If the patient or the patient's personal representative is not available to sign the Acknowledgment Form, complete the name, patient record number, and DOB portions of *two separate* Acknowledgment Forms and do all of the following:

- a. First Acknowledgment Form: Mail or send the first Acknowledgment Form to the patient or personal representative along with the Notice of Privacy Practices, and ask the patient or personal representative to sign and return the form.

Example: An adult aunt of a child brings the child to the health department for immunizations. The aunt has been authorized by the child's parent to obtain the immunizations, but the aunt is not the child's personal representative. The parent is the personal representative. You must send the Notice and an Acknowledgment Form to the parent. Either mail both items to the parent, or give them to the aunt and ask her to deliver them to the parent, along with the request that the parent sign and return the form.

Example: An adult patient contacts the health department for the first time by phone and receives health care over the phone. You must send the Notice and an Acknowledgment Form to the patient, along with the request that he or she sign and return the form.

- b. Second Acknowledgment Form: Complete Parts 2 and 3 of the bottom portion of the second Acknowledgment Form and file it. Go to Step Four.

Step Four: The final step depends upon whether the patient or personal representative signs the Acknowledgment Form and returns it:

- a. If the personal representative signs and returns the form, file the signed form and discard the second form that was previously filed under Step Three, part b, above.
- b. If the personal representative does not sign and return the form, leave the second Acknowledgment Form in the file. It is understood that this second form demonstrates that you made a "good faith effort" to obtain an acknowledgment, as required by the HIPAA Privacy Rule. *[Note: The health department could elect to have additional policies and procedures in place to follow up on outstanding signatures, but such additional steps are not necessarily required].*