



# ROCK COUNTY, WISCONSIN NOTICE OF PRIVACY PRACTICES

## ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that Rock County has given you a copy of its Notice of Privacy Practices, which explains how your health information will be handled in various situations and describes your rights to access and amend your information. As of April 14, 2003, we are required to ask you to sign this acknowledgment form. This includes the situation where your first date of service occurred electronically or by phone. If your first date of service with us was due to an emergency, we are required to give you the notice and get your signature on this acknowledgment form as soon as we can after the emergency.

Client Name: _____
Record #: _____
Department: <input type="checkbox"/> Human Services Department <input type="checkbox"/> Public Health <input type="checkbox"/> Rock Haven Nursing Home
Date of Service: _____

If you wish to discuss your concerns or questions about the privacy of your health information or your rights as provided in the notice, or if you received the notice by mail and have questions about its contents, please contact the Privacy Officer for the Department where you receive services. A list of Departmental HIPAA Privacy Officers is provided in the Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Client or Client's Legally Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to Client

<b><u>To be completed by Rock County staff if Acknowledgment Form is not signed:</u></b>	
1. Does client have a copy of the Privacy Notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please explain why the client was unable to sign an acknowledgment form and Rock County's efforts in trying to obtain the client's signature:	
_____	
_____	
_____	
_____ Staff Person's Signature	_____ Date Signed
_____ Staff Person's Name <b>Printed</b>	