



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Client or Subscriber Name: _____ (Please print client or subscriber name)

I, _____ (Print name of client, subscriber, conservator, parent or legal guardian signing below)

acknowledge receipt of the Notice of Privacy Practices that describes how my medical/health information may be used and disclosed by the County of Marin and how I can get access to my medical/health information.

_____ (Name of facility, provider or program)

Signed: _____ Date: _____

If not signed by client, indicate relationship: _____

Note: Parents must have legal custody. Legal guardians and conservators must show proof of authority.

This Section to be filled out by a County of Marin Representative

Client did receive the Notice of Privacy Practices (print or audio tape), but did not sign this form because:

- Client left the office before the Acknowledgment form could be signed.
Client refused to sign the Acknowledgment form.
Client cannot sign the Acknowledgment form because: _____

Client did not receive the Notice of Privacy Practices (print or audio tape format) because:

- Client required emergency treatment.
Client declined to accept a print copy of the Notice and declined to sign this Acknowledgment form.
Client refused to listen to an audio tape version of the Notice and declined to sign this Acknowledgment form.
Other: _____

Form with fields for NAME OF COUNTY OF MARIN REPRESENTATIVE (PRINT), SIGNATURE OF COUNTY OF MARIN REPRESENTATIVE, and DATE (MONTH/DAY/YEAR)