

Name _____
Date of Birth _____ Sex _____
Social Sec Num _____

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Specialty Behavioral Health Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have received the Notice of Privacy Practices.

Printed Name of Client or Client's Representative

Signature of Client or Client's Representative

Date

Interpreter (if applicable) _____

Relationship to Client _____

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

To be completed by staff only. Please document your efforts to obtain written acknowledgment and reason it was not obtained.

- Notice of Privacy Practices Given – Client Unable to Sign
- Notice of Privacy Practices Given – Client Declined to Sign
- Notice of Privacy Practices and Acknowledgment Mailed to Client
- Other Reason Client Did Not Sign _____

Printed Name of SBH Staff Person

Signature of SBH Staff Person

Date