



RECEIPT OF NOTICE OF PRIVACY PRACTICES

Department of Health and Human Services

► Read Carefully Before Signing

The *Notice of Privacy Practices* outlines how the Department of Health and Human Services may receive, use or share health information about you or your child.

I, _____ have been given a copy of the *Notice of Privacy Practices* and had a chance to ask questions about how health information will be handled.

Client Signature

Date

Legal or Personal Representative (if applicable)

Relationship

Name of Minor Child

Parent or Guardian Signature

Date

OFFICE USE ONLY

STAFF: If the client has been provided the *Notice of Privacy Practices*, but refuses to sign this form, date and initial here: _____

Additional staff comments (if any):

Please have this form completed and signed by the client receiving the *Notice of Privacy Practices*.
File this form in the client's chart.



RECIBO DEL AVISO DE PROCEDIMIENTOS CONFIDENCIALES

Departamento de Salud y Servicios Humanos

► **Favor de leer cuidadosamente antes de firmar**

El *Aviso de procedimientos confidenciales* del Departamento de Salud y Servicios Humanos establece cómo se puede recibir, usar o compartir información médica de usted o de su niño/niña.

Yo, _____ he recibido una copia del *Aviso de procedimientos confidenciales* y tuve la oportunidad de hacer preguntas acerca de cómo mi información médica podría ser utilizada.

Firma del Cliente

Fecha

Representante Legal o Personal (si aplica)

Relación

Nombre del Niño/a Menor

Firma del Padre o del Tutor Legal

Fecha

FAVOR DE NO LLENAR ESTA SECCIÓN

STAFF: If the client has been provided the *Notice of Privacy Practices*, but refuses to sign this form, date and initial here: _____

Additional staff comments (if any):

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File this form in the client's chart.