

Acknowledgement of Receipt of Notice of Privacy Practices

Eastern Iowa MH/DS Region
Clinton County

I have received a copy of Eastern Iowa MH/DS Region's Notice of Privacy Practices effective 11/20/2017

I do not want a copy of Eastern Iowa MH/DS Region's Notice of Privacy Practices.

Name (please print): _____

Signature: _____

Date: _____

I am a parent or legal guardian of _____ (patient name). I have received a copy of Eastern Iowa MH/DS Region's Notice of Privacy Practices effective _____.

I do not want a copy of Eastern Iowa MH/DS Region's Notice of Privacy Practices.

Name (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____

If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice of Privacy Practices was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective 11/20/2017 given to individual on _____ (date)

In Person Mailing Email Other _____

Reason individual or parent/legal guardian did not sign this form:

Did not want to

Did not respond after more than one attempt

Other _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

In person conversation _____

Telephone contact _____

Mailing _____

Email _____

Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____