



ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE FOR PRIVACY RIGHTS AND PRACTICES

Under federal law, #Jasper County Health Department must give you a copy of its Privacy Notice. If you are receiving services directly from this Department, we must ask you for a written record that you have received the notice. Please complete the statement below indicating you have received a copy of the Privacy Notice.

Patient Name: _____

I acknowledge that I have been offered a copy of the Jasper County Privacy Notice. I understand that if changes are made to this notice, the Department will post the changes, and I can request a copy of the revised notice. I also know I have the right to receive an additional copy of the notice at any time.

Patient's name: (print) _____

Patient's signature (if age 18): _____ Date: _____

OR

Legal Representative name (print): _____

Signature of Legal Representative: _____ Date: _____

* Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 Code of Federal Regulations Parts 160 and 164.

Form updated: 9/30/2024