

# San Luis Obispo County Behavioral Health

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I received a copy of San Luis Obispo County Behavioral Health Department's "Notice of Privacy Practices". I understand that the "Notice of Privacy Practices" informs me of the ways San Luis Obispo Behavioral Health Department may use my protected health information and of my access and rights regarding my health information.

Signature of Client:

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ O N/A

Signature of Legally Authorized Representative:

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ O N/A

### For Staff Use Only:

Is this an Emergency Treatment Situation?  Yes  No

#### HOW NOTICE WAS PROVIDED

Was written Notice of Privacy Practices provided?  Yes  No

If not, was Notice given in another way?  Yes  No

If written Notice was not provided, method of Notice:  Verbal  Fax  E-mail  Website

#### ACKNOWLEDGEMENT OF RECEIPT

Has client signed Notice of Receipt of Privacy Practices?  Yes  No

If no, did client otherwise acknowledge Notice of Privacy Practices?  Yes  No

If Notice was acknowledged in another way, method of acknowledgement:  Verbal  Fax  E-mail  Website

If no acknowledgement was received, document why you were unable to get an acknowledgement from the client and the efforts you made to get the acknowledgement? Explain:

Signature of Staff Person Recording Acknowledgement of Receipt of Privacy Practices:

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Client Name:

Client #: