San Luis Obispo County Behavioral Health

RECONOCIMIENTO DE NOTICIA DE PRACTICAS PRIVADAS

Reconozco que he recibido una copia de la “Noticia de Practicas Privadas” del Departamento de Salud Conductual del Condado de San Luis Obispo. Comprendo que la “Noticia de Practicas Privadas” me informa de las maneras en que el Departamento de Salud Conductual del Condado de San Luis Obispo puede usar mi información de salud protegida y de mi acceso y derechos sobre mi información de salud.

Firma de Cliente:

______________________________________________________    Fecha: ____________       Hora: _______     O N/A

Firma de Representante Legal Autorizado:

______________________________________________________    Fecha: ____________       Hora: _______     O N/A

For Staff Use Only:

Is this an Emergency Treatment Situation? O Yes         O No

HOW NOTICE WAS PROVIDED
Was written Notice of Privacy Practices provided?            O Yes         O No
If not, was Notice given in another way? O Yes         O No
If written Notice was not provided, method of Notice:         O Verbal        O Fax         O E-mail         O Website

ACKNOWLEDGEMENT OF RECEIPT
Has client signed Notice of Receipt of Privacy Practices? O Yes   O No
If no, did client otherwise acknowledge Notice of Privacy Practices?  O Yes   O No
If Notice was acknowledged in another way, method of acknowledgement:      O Verbal     O Fax     O E-mail     O 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 (Nombre):
BH Acknowledgement of Privacy Practices_5/20/2015

Client #:  
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