

ACKNOWLEDGEMENT OF “PRIVACY PRACTICES NOTICE”

I have received the “Privacy Practices Notice” of Public Health-Madison and Dane County.

Signature: _____ **Date:** _____

Print Name: _____

If this authorization is signed by a personal representative on behalf of the individual, please complete the following:

Personal Representative’s Name: _____

Relationship to Individual: _____

Return to: Privacy Officer
Public Health-Madison and Dane County
210 Martin Luther King Jr. Blvd., Rm. 507
Madison, WI 53703-3346

Phone Script

Under federal privacy laws, we are required to provide you with our “Notice of Privacy Practices.” This Notice provides information about how we may use and disclose your protected health information and how you can get access to this information.

Would you like a copy of our “Notice of Privacy Practices” mailed to you?

**ACKNOWLEDGEMENT OF
“PRIVACY PRACTICES NOTICE” - NOT OBTAINED**

Client Name: _____

Staff must document why the individual did not sign the notice acknowledgement. Staff should document below the good faith effort to obtain this acknowledgement and indicate whether the individual refused or was unable to sign the acknowledgement:

I attest that the above information is correct.

Staff Signature

Date

Print Staff Name

Title