

PHMDC Staff Initials: \_\_\_\_\_

**“隐私权政策通知” 回执**  
(Simplified Chinese)

本人已经收到 Madison 和 Dane 郡公共卫生局的“隐私权政策通知”。

签字: \_\_\_\_\_ 日期: \_\_\_\_\_

印刷体姓名: \_\_\_\_\_

如果本授权由代表个人的代表签字，请填写以下各项：

个人代表姓名: \_\_\_\_\_

同个人的关系: \_\_\_\_\_

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

**电话底稿**

联邦隐私权法律要求我们向您提供我们的“隐私权政策通知”。本通知说明我们如何使用和披露您的受保护的健康信息以及您如何能够接达该信息。

您是否希望向您邮寄一份我们的“隐私权政策通知”？

PHMDC Staff Initials: \_\_\_\_\_

**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**