



## Southern Seven Health Department Acknowledgment of Notice of Privacy Practices

My signature below indicates that I have been given an opportunity to read the “Joint Notice of Privacy Practices” for the Southern Seven Health Department and to have any questions answered before signing.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

If signed by someone other than the patient, please indicate relationship to patient.:

- Parent or Guardian of minor
- Power of Attorney for Health Care
- Guardian or conservator with power to make health care decisions for the patient
- Beneficiary or personal representative of deceased patient

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**FOR OFFICE USE ONLY:**

I attempted to obtain an Acknowledgment of the Receipt of the Notice of Privacy Practices on behalf of Southern Seven Health Department. I was unable to obtain the Acknowledgment because:

- Client refuses to sign
- Other (specify): \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

(Staff: Place Acknowledgment in patient’s medical record.)