



**Shawano-Menominee Counties Health Department**

**311 N. Main Street, Room 102**

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[www.co.shawano.wi.us](http://www.co.shawano.wi.us)

**Theresa Harmala, MSN, RN**

**Director / Health Officer**



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES REGARDING HEALTH INFORMATION**

Client Name: \_\_\_\_\_

Date of Admission of Service: \_\_\_\_\_

By signing this form, you acknowledge that the Shawano-Menominee Counties Health Department has given you a copy of its *Notice of Privacy Practices Regarding Health Information*, which explains how your health information will be handled in various situations. All clients receiving services on or after April 14, 2003 will be asked to sign this form.

By my signature below, I acknowledge I have reviewed a copy of the Shawano-Menominee Counties Health Department's *Notice of Privacy Practices Regarding Health Information* and have been given an opportunity to discuss my concerns and questions.

\_\_\_\_\_  
Client's Signature  
(or person authorized to sign on the client's behalf)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Shawano-Menominee Counties Health Department staff should complete if Acknowledgement of Receipt of Notice of Privacy Practices Regarding Health Information Form is not signed:

- 1. Was the client given a copy of the *Notice of Privacy Practices Regarding Health Information*?

[ ] Yes [ ] No

- 2. Please explain why the client did not sign this acknowledgement form and explain the Shawano-Menominee Counties Health Department's efforts in trying to obtain the client's signature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date