

**Hannahville Department of Health and Human Services
Written Acknowledgement of Receipt
Of Notice of Privacy Practices**

I, _____, acknowledge that I have received
Print Client Name
the written notice of Privacy Practices form the Hannahville Department
of Health and Human Services.

Signature of Client/Parent/Guardian

Date

State Relationship to Client

For Office Use Only

We attempted to obtain written acknowledgement of our Notice of Privacy Practices, but
acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify): _____

Employee Signature

Date

Chart Number _____