UNIFIED COMMUNITY SERVICES

Acknowledgement of Receipt of Privacy Notice

Client Name: _____

Unified Community Services is required by law to provide you with our Notice of Privacy Practices to explain our legal duties and privacy practices relating to your protected health information. Under Federal Regulation, we must make a good faith effort to obtain written acknowledgement from you that you received our Notice of Privacy Practices.

Your signature on this form verifies that you have received the Unified Community Services Notice of Privacy Practices.

_____ _____
Signature of Client Date Signed

_____ _____
Signature of Other Authorized Person* Date Signed

*Legal Authority: __Parent of Minor __Legal Guardian

To be completed by Unified Community Services staff if Acknowledgement Form is not signed:

1. Did the client receive a copy of the Privacy Notice? □ Yes □ No

2. Please explain why the client was unable to sign the Acknowledgement Form and what efforts Unified Community Services made to obtain the client's signature:

   _____

   _____

   _____

   _____ _____

   Signature of Staff Date

4/03