

Lane County Health & Human Services (HHS) Public Health

Acknowledgement of Receipt

Effective Date June 30, 2015

Please Review Carefully

The Notice of Privacy Practices tells you how Lane County HHS may use or disclose your information. Not all situations will be described. Lane County HHS is required to give you a notice of our privacy practices for the information we collect and keep about you.

I, _____ (client's name), have been given a copy of Lane County Health & Human Services' Notice of Privacy Practices. I have had a chance to ask questions about how my information will be used.

Client's Signature:

Date:

Legal or Personal Representative of Client (if applicable):

Relationship:

Lane County Staff's Signature /Department/Position:

Please have this receipt completed and signed by the individual receiving the Notice of Privacy Practices. Tear off Acknowledgment of Receipt for Lane County records. Give above Notice of Privacy Practices to individual.