**HIPAA-ACKNOWLEDGEMENT OF RECEIPT**

**Notice of Privacy Practices**

I have received a copy of Elizabeth Franklin’s Notice of Privacy Practices, effective date 1/11/17.

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

Client Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am required by law to maintain the privacy of and provide individuals with a Notice of my legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with my HIPAA Compliance Officer (myself, Elizabeth Franklin) in person or by phone at 206.551.2547. If you would like another copy of the Privacy Notice, please ask.

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

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

Signature of client or client’s representative/parent Date

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

Printed name of client or client’s rep/parent Relationship to client

***FOR OFFICE USE ONLY***

*Notice of Privacy Practices given to the individual on\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Reason individual or personal representative did not sign this form:*

* *Individual or personal representative chose not to sign*
* *Individual or personal representative didn’t respond after more than 1 attempt*
* *Email receipt verification*
* *Other*

*Good Faith Efforts: The following good faith efforts were made to obtain the individual or personal representative's, if applicable, signature. Document details (date(s), time(s), individuals spoken to and outcome of attempts) of the efforts that made to obtain the signature. More than one attempt must have been made.*

*Face to face presentation(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Telephone contact(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mailing(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*This form must be retained for a period of at least six years in the appropriate record in accordance with Elizabeth Franklin’s Privacy Handbook.*