

San Juan Basin Public Health (SJBPH) is committed to the protection of your privacy and to enforcement of your rights under the Health Insurance Portability and Accountability Act (HIPAA). By signing this form, you acknowledge receipt of San Juan Basin Public Health’s *“Notice of Privacy Practices”*, which explains how we may use and disclose (share) your protected health information (PHI), as provided by HIPAA. We encourage you to read the Notice in its entirety.

Acknowledgement of Receipt (please print)

This is to acknowledge that the following has received a copy of the San Juan Basin Public Health *“Notice of Privacy Practices”*.

Name:		Date of Birth:
Address:		
City/State/Zip:		E-Mail:
Home Phone:	Other/Cell Phone:	

Client Signature: _____ Date: _____

If not signed by the client, please indicate your relationship to the client:

- Parent or guardian of minor client
- Guardian or conservator of an incompetent client
- Beneficiary or personal representative of a deceased client
- Other- please specify: _____

Name of client: _____

Address:		
City/State/Zip:		E-Mail:
Home Phone:	Other/Cell Phone:	
Relationship to Client:		

Signature: _____ Date: _____

Good Faith Effort to Obtain Acknowledgement

(To be completed by SJBPH staff if the client or his/her personal representative declines to sign this form.) Describe the good faith efforts made to obtain the individual's acknowledgement and the reason(s) he/she declined to sign the form:

Signature of SJBPH Representative: _____ Date: _____

Printed Name: _____ Title: _____