HHS RECEIPT OF NOTICE OF PRIVACY PRACTICES

Read Carefully Before Signing

The HHS Notice of Privacy Practices (NPP) outlines how The Department of Health and Human Services may receive, use or share health information about you.

I, _____ have been given a copy of the Notice of Privacy Practices and had a chance to ask questions about how my health information will be handled.

_____ _____
Client or Legal Representative Signature Date

_____ _____
Legal or Personal Representative (if applicable) Relationship

Staff: If the client has been provided the NPP, but refuses to sign this form, date and initial here: _____

Additional staff comments (if any):

_____

_____

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Please have this form completed and signed by the client receiving the NPP. File this form in the client's chart.