

ACKNOWLEDGEMENT OF HIPAA NOTICE OF PRIVACY PRACTICES

I have received a copy of the Mid-South Substance Abuse Commission HIPAA **Notice of Privacy Practices**.

Signature of Client or Representative

Date

Relationship to Client

Printed Name

Signature of Witness

Date

If the client does not sign this acknowledgement, please identify what effort was made to obtain an acknowledgement, check only one:

- Client given a copy of the Notice but refused to sign form.
- Client unable to sign acknowledgement related to:
 - ___ Emergency treatment situation
 - ___ Mentally Incompetent
 - ___ Language Barrier
 - ___ Other
- Other explanation:

Signature of Provider Employee

Date