

Revised 9/07/05

Hillsborough County Notice of Privacy Practices Acknowledgement of Receipt

I received a copy of Hillsborough County's Notice of Privacy Practices. I understand that if Hillsborough County uses my personal health care information in a manner that is different than described by the Notice, Hillsborough County must first get my permission.

I am accepting this Notice on behalf of:

Myself

or

Another person as a representative (parent, guardian, family member etc.)

Print Individual's Name

Signature Of Individual Or Patient's Personal Representative

Date

If You Are Signing for the Individual, Print Your Name

If you received this by mail, please return a signed copy to the appropriate department as indicated by a check mark:

Hillsborough County
Aging Services
P.O. Box 1110
Tampa, FL 33601
Attention: _____

Hillsborough County
Children's Services
3110 Clay Magnum Lane
Tampa, FL 33618
Attention: _____

Hillsborough County
Children's Services/Head Start
3639 W. Waters Avenue, Ste. 500
Tampa, FL 33614
Attention: _____

Hillsborough County
Criminal Justice Liaisons
P.O. Box 1110
Tampa, FL 33601
Attention: _____

Hillsborough County
Fire Rescue
2709 E. Hanna Avenue
Tampa, FL 33610
Attention: _____

Hillsborough County
Health & Social Services
P.O. Box 1110
Tampa, FL 33601
Attention: _____

Hillsborough County
Human Resources
P.O. Box 1110
Tampa, FL 33601
Attention: _____

Hillsborough County
HIPAA Compliance Office
505 E. Jackson St., Ste. 300
Tampa, FL 33602
Attention: _____