

**HILLSBOROUGH COUNTY NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT**

Date: _____

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 the Notice on behalf of:

Myself

or

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

Print Individual's Name Case#

Signature of Individual Or Patient's Representative Date

If you are Signing for the Individual, Print Your Name

Documentation of Good Faith Effort

Hillsborough County Health and Social Services has made a good faith effort to obtain a written acknowledgement of the individual's receipt of the Notice but written acknowledgement was not received for the following reason:

Individual refused to sign.

Individual was not able to sign (please specify below):

Workforce Member's Signature Date

WORKER: _____
ADDRESS: _____

PHONE NO: _____
FAX NO: _____
FACILITY: _____