

San Luis Obispo County Behavioral Health

RECONOCIMIENTO DE NOTICIA DE PRACTICAS PRIVADAS

Reconozco que he recibido una copia de la "Noticia de Practicas Privadas" del Departamento de Salud Conductual del Condado de San Luis Obispo. Comprendo que la "Noticia de Practicas Privadas" me informa de las maneras en que el Departamento de Salud Conductual del Condado de San Luis Obispo puede usar mi información de salud protegida y de mi acceso y derechos sobre mi información de salud.

Firma de Cliente:

_____ Fecha: _____ Hora: _____ N/A

Firma de Representante Legal Autorizado::

_____ Fecha: _____ Hora: _____ N/A

For Staff Use Only:

Is this an Emergency Treatment Situation? Yes No

HOW NOTICE WAS PROVIDED

Was written Notice of Privacy Practices provided? Yes No

If not, was Notice given in another way? Yes No

If written Notice was not provided, method of Notice: Verbal Fax E-mail Website

ACKNOWLEDGEMENT OF RECEIPT

Has client signed Notice of Receipt of Privacy Practices? Yes No

If no, did client otherwise acknowledge Notice of Privacy Practices? Yes No

If Notice was acknowledged in another way, method of acknowledgement: Verbal Fax E-mail Website

If no acknowledgement was received, document why you were unable to get an acknowledgement from the client and the efforts you made to get the acknowledgement? Explain:

Signature of Staff Person Recording Acknowledgement of Receipt of Privacy Practices:

_____ Date: _____ Time: _____