

**PLUMAS COUNTY, CALIFORNIA
NOTICE OF PRIVACY PRACTICES**

ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the NOTICE OF PRIVACY PRACTICES of Plumas County. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting the County.

If you have any questions about our Notice of Privacy Practices, please contact:

I acknowledge receipt of the NOTICE OF PRIVACY PRACTICES of Plumas County

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained:

Signature of provider representative: _____ Date: _____

Date issued: April 14, 2003