



Acknowledgement of Receipt of Notice of Privacy Practices

Effective: April 14, 2003

I acknowledge that I have reviewed and been offered a copy of the County of Sonoma's Notice of Privacy Practices.

Name of Patient _____
(please print)

Signed: _____

Date: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient
- Other patient representative

Please Note: Your refusal to sign this document will not impact your ability to receive health care services.

For Organizational Use Only:

Date acknowledgement received: _____

Patient refused to sign.

If acknowledgment was not received, please document the reason you were unable to obtain:

Signature: