



MOBILE COUNTY HEALTH DEPARTMENT PRIVACY NOTICE ACKNOWLEDGEMENT FORM

About Our Notice of Privacy Practices

We are committed to protecting your health information in compliance with the law. The attached Notice of Privacy Practices states:

- our obligations under the law with respect to your health information
- how we may use and disclose the health information that we keep about you
- your rights relating to your personal health information
- our rights to change our Notice of Privacy Practices
- how to file a complaint if you believe your privacy rights have been violated
- the conditions that apply to uses and disclosures not described in this Notice
- the person to contact for further information about our privacy practices

We are required by law to give you a copy of this notice and to obtain your written acknowledgement that you have received a copy of this notice.

Patient Acknowledgement of Receipt

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient's Signature

Date

Signature of Parent or Patient's Representative (if applicable)

Date

Description of Legal Authority to Act on Behalf of Patient