



## **Notice of Information/Privacy Practices**

### **Acknowledgement of Receipt**

**It is the policy of the Mineral County Health Department that each client receives the Provider Notice of Information Practices upon initiation of our services.**

**This form serves to document that the Provide Notice of Information Practices was provided to the client or the client's representative.**

**In signing this form, I acknowledge that I did receive the Mineral County Health Department Provider Notice of Information Practices.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**01/28/2013**