

**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 Provider 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.**

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Signature Date