

NOTICE OF PRIVACY POLICIES

Acknowledgment of Receipt

I have been presented with a copy of North County Lifeline, Inc.'s *NOTICE OF PRIVACY POLICIES*, detailing how my protected health information (PHI) may be used and disclosed as permitted under Federal and State Law. We encourage you to review it carefully. Our *Notice of Privacy* is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at <http://www.nclifeline.org> or on request from our staff.

I acknowledge receipt of the Notice of Privacy Policies from North County Lifeline, Inc.

Signature of Client: _____

_____ Date: _____

Printed name of
Client: _____

Signature of Parent/Guardian: _____

_____ Date: _____

Printed name of Parent/
Guardian: _____

Internal use only:

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

Reasons why the acknowledgment was not obtained:

- Parent/Guardian and/or Client refuse to sign.
- Other/

Comments: _____

Presented on date and
time: _____

Staff name and
title: _____