

**Pawnee County Health Department  
Receipt of Notice of Privacy Practices Act**

Federal laws require that we provide notice of our privacy practices and obtain your acknowledgement of this before we provide services to you. This started on April 14, 2003. The Notice of Privacy Practices has been revised and the revisions become effective September 23, 2013. We have always been careful to protect our patient's health information and do not expect that you will see any significant changes from the past practices.

A brief summary of the contents of the notice are below. We encourage you to read the entire Notice and ask any questions you may have concerning its content.

Your Right Regarding Your Health Information: This section describes the following rights you have with respect to your health information and tell you how you may exercise these rights.

- a. The right to copy and inspect your health information;
- b. The right to request an amendment of your health information;
- c. The right to an accounting of the disclosures of your health information made by the clinic for the purpose other than treatment, payment and health care operation, or that was not made pursuant to a valid authorization;
- d. The right to request restrictions on certain uses and disclosures of health information by the clinic;
- e. The right to request alternate means of communication;
- f. The right to receive a copy of the Clinic's Notice of Privacy Practices;
- g. The right to complain if you believe any of your rights has been violated. How to file complaints concerning our privacy practices. You will not be penalized for filing any complaint;

How we may use and disclose health information about you without your specific authorization. This section describes the different way we may use and disclose your health information without first obtaining from you a specific authorization. These types of uses and disclosures are specifically permitted by federal law because it is assumed you would want to use and disclose your information for these purposes, or because such use or disclosure is recognized as critical to the proper functioning of our health care system.

You will be asked to acknowledge your receipt of this Notice, and your acknowledgement will be kept in your permanent record. You should keep the copy of the notice should you elect to take a copy. Another copy of this Notice will not be provided automatically at any later visit, but you may request a copy of the Notice at any time. Also, the Notice is posted at our facility. If there is a material revision to the Notice at some later date, you again will be provided with a copy of the Notice and possibly asked to sign an acknowledgement.

**I wish to be contacted in the following manner. (Check all that apply) I have received a copy of the Pawnee County Health Department's Notice of Privacy Practices.**

<input type="checkbox"/>	<b>Home Telephone</b> _____	<input type="checkbox"/>	<b>Written Communication</b>
<input type="checkbox"/>	<input type="checkbox"/> OK to leave message with detailed information.	<input type="checkbox"/>	<input type="checkbox"/> OK to mail to my home address.
<input type="checkbox"/>	<input type="checkbox"/> Leave message with call-back number only.	<input type="checkbox"/>	<input type="checkbox"/> OK to mail to my work/office address.
<input type="checkbox"/>	<b>Cell Phone</b> _____	<input type="checkbox"/>	<input type="checkbox"/> Receive text message
<input type="checkbox"/>	<input type="checkbox"/> OK to leave message with detailed information		
<input type="checkbox"/>	<input type="checkbox"/> Leave message with call-back number only.		
<input type="checkbox"/>	<b>Work telephone</b> _____	<b>Other</b>	_____
<input type="checkbox"/>	<input type="checkbox"/> OK to leave message with detailed information.		_____
<input type="checkbox"/>	<input type="checkbox"/> Leave a message with call-back number only.		_____

**Parent/Guardian/Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If applicable: Child's Name(s)** \_\_\_\_\_

**Relationship to Client** \_\_\_\_\_

**Additional client's** \_\_\_\_\_

Original to be maintained in client's permanent medical record.

Update August 19, 2013