

Notice of Privacy Practices Acknowledgement

Client Name _____
(Print)

I received a copy of Multnomah County Department of County Human Services Notice of Privacy Practices.

Client Signature
(or personal representative)

Date

ALTERNATIVE DOCUMENTATION OF DELIVERY OF NOTICE OF PRIVACY PRACTICES

I attempted in good faith or provided a copy of Multnomah County Department of County Human Services Notice of Privacy Practices to the client named above. I was unable to obtain the client's acknowledgment of receipt because:

- Client declined to sign
- Other. Describe:

Employee Name (Print)

Date