



ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

CLIENT'S INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
If you are not the client:		
PRINT YOUR NAME:	INDICATE YOUR RELATIONSHIP TO CLIENT:	

Our Notice of Privacy Practices provides information about how we may use and share your medical information. We encourage you to read it fully.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing the County's web site, www.cosdcompliance.org, or by contacting any staff person involved with your care.

If you have any questions about our Notice of Privacy Practices, please contact:

HHSA Privacy Officer
County of San Diego
Business Assurance & Compliance
P.O. Box 85524 (Mail Stop: W-294)
San Diego, CA 92186-5524
(619) 237-8571

I acknowledge receipt of the Notice of Privacy Practices of the County of San Diego	
SIGNATURE:	DATE: