NOTICE OF PRIVACY PRACTICES
Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

I understand that the Notice of Privacy Practices provides information about how Orange County may use and disclose my medical information and how I may access and exercise my rights regarding my medical information.

Unless required by law or specified in an information blocking exception, OC Health Care Agency does not engage in practices that interfere with the access, exchange, or use of your electronic health information.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by logging onto https://ocit.oc.gov/county-privacy-office/notice-privacy-practices-npp or by contacting the Office of Compliance at (714) 568-5614 or County Privacy Officer at (714) 834-4082.

If you have any questions about our Notice of Privacy Practices, please contact the Office of Compliance at (714) 568-5614 or County Privacy Officer at (714) 834-4082.

I acknowledge receipt of the Orange County *Notice of Privacy Practices*

Client Name: _____ Date: _____

Signature: _____
(Client/Parent/Conservator/Guardian)

If you are not the client but signing on behalf of the client, complete the following:

Name of Client's Personal Representative: _____

Relationship to Client: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if signature is not obtained. Please check the box that best applies.

☐	Declined to sign
☐	Other reason. Please describe the good faith efforts made to obtain the patient's/client's acknowledgement, and the reasons why the acknowledgement was not obtained below:

_____

_____

Print Name: _____ Date: _____

Signature: _____
(County Clinic/Office Staff)