Dodge County Human Services and Health Department
Juneau, Wisconsin 53039

RECEIPT OF NOTICE OF DODGE COUNTY'S PRIVACY PRACTICES

Client's Name: _____ #: _____

My signature on this form acknowledges that I have received a copy of Dodge County's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Dodge County and of my rights with respect to my health information.

I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information.

_____ _____
Client's Signature Date

_____ _____
Signature of Client's Representative if client is unable to sign Date

TO BE COMPLETED BY DODGE COUNTY HUMAN SERVICES AND HEALTH DEPARTMENT EMPLOYEE IF FORM IS NOT SIGNED

1. **Was the patient provided with a copy of the Notice of Privacy Practices?**
   ❑ Yes ❑ No

2. **Briefly describe the efforts made to obtain the patient's acknowledgement of receipt of the Notice and explain why the patient was unable or unwilling to sign this form:** _____