



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this document.

I, _____, have received and reviewed a copy of the Delaware Health and Social Services/Division of Public Health Notice of Privacy Practices.

Print name _____

Signature _____

Date _____

Below is for clinic use only

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but such acknowledgement could not be obtained because (check that which applies).

- Individual refused to sign
- Communication barriers prohibited obtaining such acknowledgement
- An emergency situation prevented obtaining such acknowledgement
- Other (specify below)

