

NOTICE OF PRIVACY PRACTICES
For Mental Health Information Subject to the Lanterman-Petris-Short Act

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" of Camino Health Center. Our "Notice of Privacy Practices" tells you how we may use and disclose your protected health information. We encourage you to read it in full.

We may change our "Notice of Privacy Practices." If we change our notice, you may obtain a copy of the revised notice by contacting our organization at (949) 240-2272, Medical Records.

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

Privacy Officer
Camino Health Center
30300 Camino Capistrano
San Juan Capistrano, CA 92675
(949) 240-2030

I acknowledge receipt of the "Notice of Privacy Practices" of Camino Health Center.

Date: _____ Time: _____ AM / PM

Signature: _____
(patient/legal representative)

If signed by someone other than patient, indicate relationship: _____

Print name: _____
(legal representative)

(over)

Inability to Obtain Acknowledgement

Complete only if no signature is obtained. If it is not possible to obtain the individual's Acknowledgment, describe the good faith efforts made to obtain the individual's Acknowledgment, and the reasons why the Acknowledgment was not obtained.

Patient Name: _____

Reasons why the acknowledgment was not obtained:

- Patient refused to sign this Acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- Other: _____

Date: _____ Time: _____ AM / PM

Signature: _____
(provider representative)

Print name: _____
(provider representative)