

Child's Name: _____

DOUGLAS CARES

ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES
(To be retained by Douglas CARES)

I, _____ have received or been offered a
copy of the Douglas CARES HIPAA Notice of Privacy Practices.

Please Print Name

Signature

Date

We are required by law to maintain the privacy of and provide individuals with, this notice of our legal duties and Privacy Practices with respect to Protected Health Information. If you have any questions to this form, Please ask to speak with our HIPAA Compliance Officer in person or by phone at (541) 957-5646.