

# South Dakota Department of Human Services

## NOTICE OF PRIVACY PRACTICES

### Acknowledgement of Receipt

**Effective Date: April 14, 2003**

The Notice of Privacy Practices tells you how we may use or disclose protected health information (PHI) about you. Not all situations will be described. We are required to give you a notice of our privacy practices about your protected health information.

I, \_\_\_\_\_ (Client/Patient name), have been given a copy of the Department of Human Services' Notice of Privacy Practices and understand that I may ask questions about how my PHI will be used.

\_\_\_\_\_  
Signature - Client/Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Legal Representative of Client/Patient  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client/Patient

Complete and return the white copy in the self addressed envelope or mail back to us at:

**Department of Human Services**  
ATTN: HIPAA Privacy Office  
Hillsvie Plaza, E. Hwy. 34  
c/o 500 E. Capitol  
Pierre, SD 57501-5070

**This document is available in alternate formats that meet the guidelines for the  
Americans with Disabilities Act (ADA).**

**Contact us at: Phone: (800) 265-9684 or TTY: (605) 773-5990**

**Fax: (605) 773-5483 or Email: [infodhs@state.sd.us](mailto:infodhs@state.sd.us)**