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

White – Agency copy
Yellow – Client/Patient copy

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