ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, [print name] ________________________________, acknowledge that I received a copy of the complete Notice of Privacy Practices for Jewish Family Service of San Diego.

_______________________________________________            ________________________
Signature of client (or personal representative*)                                  Date

*If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative’s Name: ________________________________ [print name]

Relationship to Client: ________________________________

For JFS Office Use Only:

Acknowledgment of Notice of Privacy Practices could not be obtained for above-named person because:

□ Individual refused to sign.                                                   □ An emergency situation prevented us from obtaining acknowledgement.

□ Communications barriers prohibited obtaining the acknowledgement.             □ Other:________________________________
                                                                                     ________________________________

JFS Representative: ________________________________ Date: _____________________