



COUNTY OF SULLIVAN
SULLIVAN COUNTY GOVERNMENT CENTER
100 NORTH STREET, PO BOX 5012
MONTICELLO, NY 12701
sullivanprivacyofficer@sullivanny.gov
845-807-0664

ACKNOWLEDGEMENT OF RECEIPT

The Notice of Privacy Practices lets you know how Sullivan County may use and disclose protected health information, your rights and how you may exercise them, how to report issues, and whom to contact for more information on the County's HIPAA policies and procedures. The Notice also describes the County's responsibilities to safeguard your protected health information. PLEASE REVIEW IT CAREFULLY. Not all situations are described.

I, _____ (Client's name),
have been given a copy of **Sullivan County Office for the Aging's Notice of Privacy Practices.**

Client Signature

Date

Legal or Personal Representative of Client (if applicable)

Date

The client/patient or their representative has the authority to sign this document. We are required to provide the Sullivan County Notice of Privacy Practices to our clients/patients no later than the date of first service delivery and, except in an emergency treatment situation, make a good faith effort to obtain the client's/patient's written acknowledgment of receipt of the Notice. If an acknowledgment of receipt cannot be obtained, the County must document our attempt to obtain the acknowledgment and the reason why it was not obtained. The County will retain this information in accordance with record retention requirements. Please note that the law does not require you to sign the acknowledgment of receipt of this Notice. A refusal to sign will not affect the care that you receive.