

# WAPELLO COUNTY GENERAL ASSISTANCE

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE FOR HEALTH CARE PROVIDERS

I, \_\_\_\_\_, do hereby acknowledge receipt of a copy of the Notice of Privacy Practice, Policy, and Procedure.

\_\_\_\_\_  
**Signature of Individual**

\_\_\_\_\_  
**Date**

### IN THE EVENT THIS NOTICE IS RECEIVED BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

\_\_\_\_\_  
Signature of personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal authority of personal representative