ACKNOWLEDGMENT

Mississippi State Department of Health
Post Office Box 1700
Jackson, Mississippi 39215

By my signature below, I acknowledge that I have received a Notice of Privacy Practices for Protected Health Information from the Mississippi State Department of Health.

Name of Patient (Please Print) _____

1)   Signed: _____

Date: _____

☐   Parent or guardian of minor patients

☐   Other (specify) _____

ACKNOWLEDGMENT
Form #663

PURPOSE

The purpose of the Acknowledgement is to document, with a signature, that the patient or parent/guardian received a copy of the *Notice of Privacy Practices for Protected Health Information*.

INSTRUCTIONS

The Household Document created through the Patient Information Management System (PIMS) serves as an acknowledgment of the Notice of Privacy Practices. It is signed and dated by the patient or parent/guardian. If a Household Document is not created by PIMS, provide each patient receiving the Notice of Privacy Practices with the *Acknowledgment* (Form #663) for signature.

If the patient refuses to sign the acknowledgment, contact the privacy official. The privacy official will answer any questions or concerns the patient may have.

Never refrain from treatment on a refusal to sign the acknowledgment. If the patient continues to refuse to sign the acknowledgment, document the efforts to explain the notice and subsequent failure to obtain a signature on the *Acknowledgment* form.

In emergency situations, i.e. natural disaster, or terrorist attack, services may be provided without a Notice of Privacy Practices and a signed *Acknowledgment*. However, upon their first visit to the clinic after the emergency has subsided, provide a Notice of Privacy Practices and ask them to complete the *Acknowledgment*.

OFFICE MECHANICS AND FILES

File the patient's signed *Acknowledgment* in the patient's medical record with the Household Document.

RETENTION PERIOD

Place in patient record. Patient's record will be retained according to Agency policy specified for the record type. Refer to the *General Agency Manual*, Section 8, for patient record retention schedules.

If there is no patient record, retain in file for six (6) years.

04/01/2008