



## Resource

Subject:	Notice of Privacy Document
Facility Site Review Source:	Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review

**Background:**

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The right to inspect, review and receive a copy of the medical records is covered by the Privacy Rule.

**Purpose:**

The HIPAA Privacy Rule requires a covered health care provider with direct treatment relationships with individuals to give the notice to every individual no later than the date of first service delivery to the individual and to make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. If the provider maintains an office or other physical site where she provides health care directly to individuals, the provider must also post the notice in the facility in a clear and prominent location where individuals are likely to see it, as well as make the notice available to those who ask for a copy. See [45 CFR 164.520\(c\)](#) for other notice provision requirements.

**References:**

Understanding Some of HIPAA's Permitted Uses and Disclosures

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html>

HHS offers model notices of privacy practices for both health care providers and health plans. These model notices are available for free download, in English and in Spanish, at:

<http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices>

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

Appendix A: See FSR Library for Word version of this form.

Your Clinic's Name and  
Address Here

Patient's Name:  
Medical Record Identifier:  
DOB:                      Gender:  
Date of Service:

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge that you received the *Notice of Privacy Practices* of the \_\_\_\_\_ . The Notice tells you how we may use and disclose your protected health information. Copies of the current notice are also available on:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Decision Maker/Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name: (Last) (First) (MI)

\_\_\_\_\_  
Relationship to Patient

---

### ACUSE DE RECIBO DEL AVIS DE PRACTICAS DE PRIVACIDAD

Al firmar este formulario, usted reconoce que ha recibido el Aviso de Prácticas de Privacidad del \_\_\_\_\_. El aviso le informa cómo podemos utilizar y divulgar su información médica protegida. También hay copias del aviso actual disponibles en:

\_\_\_\_\_

\_\_\_\_\_  
Firma del paciente/la persona legalmente  
autorizada para tomar decisiones

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre (Letra de Molde y Legible)

\_\_\_\_\_  
Parentesco con el Paciente

#### FOR OFFICE USE ONLY

If written acknowledgment is not obtained, please check reason:

- Notice of Privacy Practice Given - Legal Decision Maker Unable to Sign  
 Notice of Privacy Practice Given - Legal Decision Maker Declined to Sign  
 Other \_\_\_\_\_

---

#### INTERPRETER USE FOR LIMITED ENGLISH-PROFICIENT, DEAF OR HARD OF HEARING

A Clinic interpreter was used.                      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of in-person interpreter

\_\_\_\_\_  
Print Name or ID#/Company

I do not want to use a free clinic interpreter. \_\_\_\_\_(initial)