

\_\_\_\_\_  
**Patient's Full Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Medical Record/Case Number**

\_\_\_\_\_  
**Date of Service**

**HAMILTON COUNTY GOVERNMENT  
JOINT NOTICE OF PRIVACY PRACTICES RECEIPT**

The privacy of your personally identifiable information (“PII”) is important to Hamilton County Government (“HCG”) and its Covered Entity Components (“CEC”). This Joint Notice of Privacy Practices (“JNPP”) describes how medical information about you may be used and disclosed, your rights, and our responsibilities. Please ask us if you have any questions.

The CEC selected below is providing a copy of HCG’s JNPP, as required by HIPAA/Part 2.

- EMS                       EMS Billing                       Health Department                       Drug Court
- Mental Health Court                       Veterans Treatment Court                       Alternative Sentencing

Please sign this form confirming that you received a copy of HCG’s JNPP.

\_\_\_\_\_  
**PRINT NAME (if other than patient)**

\_\_\_\_\_  
**RELATIONSHIP TO PATIENT**

\_\_\_\_\_  
**PATIENT OR PERSONAL REPRESENTATIVE**

\_\_\_\_\_  
**DATE SIGNED**

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**HAMILTON COUNTY GOVERNMENT OFFICE USE ONLY.**

HCG CEC workforce member is to complete this section if unable to obtain patient’s signature:

1. Was patient provided a copy of HCG’s JNPP? [ ] Yes [ ] No
2. Explain why the patient did not sign the JNPP Receipt form and the workforce member’s efforts in trying to obtain the individual’s signature (initial all that apply):
  - [ ] Individual refused to sign/left before signing                      [ ] Emergency/Individual unable to sign
  - [ ] Mailed patient a copy of HCG’s JNPP and a copy of this form.  
Certified Mail Receipt No: \_\_\_\_\_
  - [ ] Emailed patient a copy of HCG’s JNPP and a copy of this form. See attached email delivery receipt.
  - [ ] Other: \_\_\_\_\_
3. Completed by: \_\_\_\_\_

\_\_\_\_\_  
**Workforce Member’s Name**

\_\_\_\_\_  
**Department Name**

\_\_\_\_\_  
**Workforce Member’s Signature**

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