# PRIVACY PRACTICES ACKNOWLEDGMENT

Home-Delivered Meals Program

**Client Name:** **Date:**

## NOTICE OF PRIVACY PRACTICES

I acknowledge that I received or was given access to EmpathyKare Home Care's Notice of Privacy Practices, which explains how protected health information may be used or disclosed and describes my privacy rights.

**Please select one:**

- ☐ I received the Notice of Privacy Practices.
- ☐ I was offered the Notice of Privacy Practices electronically or in paper form.
- ☐ I declined to sign this acknowledgment. (Staff documents attempt below.)

**Client/Representative Typed Signature:** **Date:**

**Relationship to Client (if representative):**

**Staff use if acknowledgment is not obtained:**

Document the good-faith effort and reason acknowledgment was not obtained: