South Dakota State University
Student Health Clinic and Counseling Services
Jackrabbit Pharmacy

Acknowledgment of Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Practices. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy and may be asked to sign another Acknowledgement of Receipt of Notice of Privacy Practices form.

I acknowledge that the Notice of Privacy Practices for South Dakota State University Student Health Clinic and Counseling Services and Jackrabbit Pharmacy has been made available to me.

*_____

Name of Patient (Print or Type) Student ID Number

*_____

Signature of Patient Date

_____

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form.)

_____

Relationship of Patient Representative to Patient

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

_____
_____
_____

Office Use Only:
Scan: H C N ALC

07/19