



Health Services

ACUSE DE RECIBO DE LA NOTIFICACIÓN SOBRE LAS NORMAS DE PRIVACIDAD

Al firmar a continuación confirmo que Los Angeles LGBT Center me ha proporcionado una copia de la Notificación sobre normas de privacidad (fecha de publicación 26 de julio de 2018).

Firma: _____ Fecha: _____

This area is for staff use only.

Complete following if unable to obtain client signature on the Acknowledgment of Receipt of Notice of Privacy Practices.

Describe the good faith efforts made to obtain the individual's acknowledgement:

Explain the reason(s) that the acknowledgement was not obtained:

Name of staff member: _____
(Please print)

Signature: _____ Date: _____

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES
(SPANISH)**

Name:

PF #: