Jewish Family Service
Moving Forward Together

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, [print name] _____, acknowledge that I received a copy of the complete Notice of Privacy Practices for Jewish Family Service of San Diego.

_____ _____

Signature of client (or personal representative*) Date

***If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:**

Personal Representative's Name: _____ [print name]

Relationship to Client: _____

For JFS Office Use Only:

Acknowledgment of Notice of Privacy Practices could not be obtained for above-named person because:

☐ Individual refused to sign.

☐ Communications barriers prohibited obtaining the acknowledgement.

☐ An emergency situation prevented us from obtaining acknowledgement.

☐ Other:_____
_____.

JFS Representative: _____ Date: _____