



County of Fresno
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FRESNO COUNTY NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

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By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Fresno County. Our Notice of Privacy Practices provides information about how we may access, use, and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at <http://www.fcdph.org> to obtain an electronic copy, contacting your service provider, or contacting the Privacy Officer, shown below.

If you have any questions about our *Notice of Privacy Practices*, please contact:

Fresno County Privacy Officer
1221 Fulton Street, 6th Floor
Fresno, CA 93721
(559) 600-3200

I acknowledge receipt of the Notice of Privacy Practices of Fresno County

Signature: _____ Date: _____

Print Name: _____

INABILITY TO OBTAIN ACKNOWLEDGMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____ Date: _____

Name of provider representative: _____ Title: _____

Description:
