**ACKNOWLEDGEMENT OF RECEIPT OF IMPORTANT INFORMATION REGARDING PRIVACY AND RIGHTS**

I have received the following information:

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|  |  | Version Received |
|  | Tennessen Notice (DAK 2519.01) – Information about informed choice about whether or not you will provide protected/private information and how we need to protect your private information. | 01/11/05 |
|  | Minnesota Department of Human Services Notice of Privacy Rights (DHS-3979) - Information about how medical and other private information about you may be used and disclosed and how you can get this information. | 8/2011 |
|  | Your Appeal Rights – (DHS -1941) – Information regarding your right to appeal state or county action and your right for a fair hearing by the state. | 5/2011 |
|  | Acknowledgement of Services Options and Client Selections (DAK 7060) – Dakota County wants you to know you have the right to choose your provider who have met state requirements. | 12/2013 |
|  | Dakota County Health Care Components Notice of Privacy Practices (DCPHD-GN-965) (HIPPA) – How medical information and other private information about you may be used and disclosed and how you can get access to this information. | 3/22/10 |

I acknowledge I have been informed and received the explanation of the above information. I acknowledge I have received copies of the forms above.

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| **Client Name** |  |

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| --- | --- |
|  |  |
| Parent/Legal Guardian Signature | DATE |

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|  |  |
| County Worker Signature | DATE |