

**South Carolina Department of Social Services**  
**NOTICE OF HIPAA PRIVACY PRACTICES ACKNOWLEDGEMENT**

Individual's Name or File Name:	Office, Location:
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I hereby acknowledge that I have received a copy of the Notice of HIPAA Privacy Practices, dated April 14, 2003, from the Department of Social Services (DSS).

\_\_\_\_\_

1. Signature of IndividualDate

\_\_\_\_\_

Printed Name

\_\_\_\_\_

2. Signature of Personal Representative (If minor or vulnerable adult)Date

\_\_\_\_\_

Printed Name

**No signature of acknowledgement obtained:**

A copy of the notice was personally presented to this individual, and/or the Privacy Practices were explained to the individual. No signature was obtained for the following reasons:

DSS is the personal representative of the child at this time. The child is in DSS custody at this time.

The individual refused to sign and/or accept a copy of the notice and stated these reason(s):

\_\_\_\_\_

Notice of Privacy was explained by telephone. Copy mailed to client. Date: \_\_\_\_\_

\_\_\_\_\_

Signature of DSS RepresentativeDate

**Place this form in the client's file.**