# Commonwealth of Massachusetts
# Department of Mental Health

## Notice of Privacy Practices Acknowledgment Form

**Name:**_____ **DMH ID#**_____

**Facility/Site/Program**:_____

**I have received a copy of the DMH Notice of Privacy Practices (Version_____ Effective Date_____)**

**Signature**: _____**Date:**_____.
Individual or Personal Representative with legal authority to make healthcare decisions

**If signed by a Personal Representative:**

Print Name_____ Role_____
(Parent, guardian, etc.)

Witness:_____ Date:_____

If the individual has a personal representative with legal authority to make health care decisions on the individual's behalf, the notice must be given to and acknowledgment obtained form the personal representative. ***If the individual or Personal Representative did not sign above, staff must document when and how the notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it***.

**Notice of Privacy Practices given to the individual on_____ by**
date

- q Face to face meeting
- q Mailing
- q Email
- q Other_____

**Reason Individual or Personal Representative did not sign this form:**

- q Individual or Personal Representative chose not to sign
- q Individual or Personal Representative did not respond after more than **one** attempt
- q Email receipt verification
- q Other _____

**Good Faith Efforts:** The following good faith efforts were made to obtain the individual or Personal Representative's, if applicable, signature. Please document with detail (e.g., date(s), time(s), individuals spoken to and outcome of attempts) the efforts that were made to obtain the signature. More than **one** attempt must have been made.

- q Face to face presentation(s)_____
- q Telephone contact(s)_____
- q Mailing(s) _____
- q Email_____
- q Other_____

**Staff Signature**:_____ **Title**_____

**Print Name**: _____
**Date**_____

This form must be retained for a period of at least six years in the appropriate record in accordance with the DMH Privacy Handbook.