



**State of Oregon Department of Human Services
Notice of Privacy Practices
Acknowledgement of Receipt**

Effective Date: March 31, 2003

Please review carefully.

The Notice of Privacy Practices tells you how the Department of Human Services (DHS) may use or disclose information about you. Not all situations will be described. DHS is required to give you a notice of our privacy practices for the information we collect and keep about you.

I, *(print your name)* _____, have been given a copy of DHS' Notice of Privacy Practices and have had a chance to ask questions about how my information will be used.

Client's signature

Date

Legal or personal representative of client *(if applicable)*

Relationship

This publication will be furnished in a format for individuals with disabilities upon request by telephoning 503-378-3486, FAX 503-373-7690 or TTY 503-378-3523. Available formats include: Large print, braille, audio tape recording, electronic format and oral presentation.

Please have this document completed and signed by the individual receiving the Notice of Privacy Practices. Provide one copy to the individual; file the original in their case record.