



Iowa Department of Human Services

## Acknowledgement of Notice of Privacy Rights and Practices

Under federal law,\* the Department of Human Services must give you a copy of its Privacy Notice.

If you are receiving services directly from the Department, we must ask you for a written record that you have received the notice. Please complete the statement below indicating you have received a copy of the Privacy Notice. Return it to your worker.

Client Name \_\_\_\_\_

I have received a copy of the Department of Human Services' Privacy Notice. I understand that if changes are made to this notice, the Department will post the changes and I can request a copy of the revised notice. I also understand that I have the right to receive an additional copy of the notice at any time.

\_\_\_\_\_  
Client or Personal Representative's Signature

\_\_\_\_\_  
Date

\* Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 Code of Federal Regulations Parts 160 and 164.

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