



Acknowledgement of Receipt of BHRS HIPAA Policies

I, _____
(print name) (print title)

of _____
(print name of department)

and read, the Mental Health HIPAA Policies listed below.

****Place your initials to the right of each individual policy to indicate that you received and read that policy.***

Behavioral Health Confidentiality Policies:

Initials:

- | | |
|--|-------|
| 1. Policy 00-06 Client Access to Protected Health Information | _____ |
| 2. Policy 03-01 Confidentiality/Privacy of Protected Health Information | _____ |
| 3. Policy 22-06: Electronic Communications Policy (General Guidelines) | _____ |
| 4. Policy 22-07: Electronic Communication (Client Communication) | _____ |
| 5. The BHRS Compliance Plan | _____ |
| 6. The BHRS Code of Conduct | _____ |
| 7. Policy 22-04: Documentation Requirements for all SMHS, DMC,
and DMC-ODS Services | _____ |

Clinical Staff Only

- | | |
|---|-------|
| 1. Policy 03-02 Notice of Privacy Practices | _____ |
| 2. Policy 03-04 Disclosure of Protected Health Information,
Minimum Necessary | _____ |
| 3. Policy 03-05 Disclosure of Protected Health Information, Incidental | _____ |
| 4. Policy 03-06 Disclosure of Protected Health Information with Client
Authorization | _____ |
| 5. Policy 03-07 Disclosure of Protected Health Information,
Request for an Accounting | _____ |
| 6. Policy 03-08 Restrictions on Use or Disclosure of Protected Health
Information Client Request | _____ |
| 7. Policy 03-09 Amendment of Protected Health Information,
Client Request | _____ |

By signing I also acknowledge my responsibility to abide by these policies.

Signature _____ Date _____