

NOTICE OF PRIVACY POLICIES

Acknowledgment of Receipt

You have been presented with a copy of North County Lifeline, Inc.'s (Lifeline) *NOTICE OF PRIVACY POLICIES*, detailing how your protected healthy information (PHI) may be used and disclosed as permitted under Federal and State Law. We encourage you to review it carefully. Our *NOTICE OF PRIVACY POLICIES* is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at <http://www.nclifeline.org> or on request from our staff.

Lifeline's Technology Informed Consent

It is Lifeline's policy to utilize technology to better serve our clients. New Health Insurance Portability and Accountability (HIPAA) laws require that Lifeline inform clients of what technology is used. Lifeline uses email, cell phones, computers, laptops, faxes, and on occasion thumb drives. Text messaging service is for conversational person-to-person communication for client communication. We may send you an initial message providing details about the service. After that, the number of text messages you receive will vary depending on how you use our services and whether you take steps to generate more texts from us it is important to be aware that computers, e-mail and cell phone communication can be relatively easily accessed by unauthorized individuals, and hence can compromise the privacy and confidentiality of such communication. Lifeline has taken numerous precautions to preserve and protect clients' personal information. Lifeline has its own server with virus protections and firewalls, uses password protections, provides routine security checks, backs up all information and has established policies and procedures to make sure all information is safe and secure. Lifeline staff have been trained and educated about HIPAA rules and regulations and are aware of Lifeline's established policies and procedures regarding Protected Health Information.

Signing this consent means you have been informed and consent to Lifeline's use of e-mail, cell phones, computers, including laptops, faxes and, on occasion, thumb drives to better serve you.

If you would like to be contacted via email, please provide us with your current email address:

E-mail address:

May Lifeline leave you voice messages and/or texts on your cell phone?

Yes

No

My cell phone number is: _____

I acknowledge receipt of the Notice of Privacy Policies from North County Lifeline, Inc. and consent to the use of electronic technology.

Signature of Client: _____

Date: _____

Printed name of Client: _____

Signature of Parent/Guardian: _____

Date: _____

Printed name of Parent/Legal Guardian: _____

Internal Use Only:

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Reasons why the acknowledgement was not obtained:

Parent/Guardian and/or Client refused to sign

Other/Comments: _____

Presented on date and time: _____

Staff name and title: _____