

ACKNOWLEDGEMENT OF RECEIPT

of

NOTICE OF PROCEDURAL SAFEGUARDS/PRIVACY PRACTICES

I, _____ (type name of legal representative of infant/toddler) have been given a copy of Parents' Rights under IDEA Part C governing early intervention to be provided through First Connections / DDS-Children's Services. I have had a chance to ask questions about my child's and family's rights and how my PHI (personal health information) will be used.

Client's Name (please print)

Date

Signature of Legal or Personal Representative of Client

parent/guardian

Relationship

Explanation for lack of acknowledgement signature:

Upload a scanned copy of this page into the child's CDS (electronic) record.