

CONFEDERATED SALISH & KOOTENAI TRIBES

Tribal Health & Human Services
Po Box 880,
St. Ignatius, MT 59865
406-745-3525 FAX: 406-745-4719

Acknowledgement of Receipt of Tribal Health & Human Services
Notice of Privacy Practices of
The Insurance Portability Act of April 2003
Individual Copy of Regulation available upon request

Print Name

Date

Signature of Patient

Date

Signature of Patient Representative; State relationship to
Patient or Witness (if signature is by thumb print or mark).

Date

Signature and Title of THHS Employee

Date

For Patients Unable to Acknowledge Receipt

I hereby certify that the patient was unable to acknowledge receipt of the THHS Notice of Privacy Practices
because of: _____

Signature and Title of THHS Employee

Date