

United Cerebral Palsy of Tampa Bay, Inc. dba Achieve Tampa Bay
2215 East Henry Avenue Tampa, FL 33610
Phone: 813-239-1179 Fax: 813-237-3091

Notification Of E-Mail Policy

Because of the inherent security risks involved with sending confidential medical information via email, the agency will not use e-mail to communicate confidential medical information about any consumer enrolled in an agency program or service. I understand if I contact a staff member via email, he/she will respond using an alternative method of communication.

Initials

Receipt of Privacy Notice

I have been provided with a copy of United Cerebral Palsy of Tampa Bay's Privacy Notice that fully explains the uses and disclosures the agency will make with respect to my individually identifiable health information. I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

I understand the agency cannot disclose my health information other than as specified in this notice. I also understand the agency reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address that I have provided.

Name of Participant

Witness

Signature of Participant or Legal Representative

Date: _____

Relationship to Participant

Date: _____

Documentation of Good Faith Effort to Distribute Privacy Notice

The participant was provided with a copy of the agency Privacy Notice. A good faith effort was made to obtain written acknowledgment of receipt of the Notice. An acknowledgment was not obtained because:

Signature of Staff Member

Date: _____