

**CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
REGARDING HEALTH INFORMATION**

Consumer Name: _____

Date of Admission of Service: _____

By signing this form, you acknowledge that Calumet County Department of Health and Human Services has given you a copy of its Notice of Privacy Practices Regarding Health Information, which explains how your health information will be handled in various situations.

I understand that Calumet County Department of Health and Human Services gives this notice and attempts to get a signature acknowledging receipt of this notice at the first date of service or as soon as possible after emergency services.

By my signature below, I acknowledge I have received a copy of the Calumet County Department of Health and Human Services' Notice of Privacy Practices Regarding Health Information and have been given an opportunity to discuss my concerns and questions.

Consumer's Signature

//____
Date

Calumet County Department of Health and Human Services staff should complete if Acknowledgement Form is not signed:

1. Was the consumer given a copy of the Notice of Privacy Practices regarding Health Information?
[] Yes [] No

Please explain why the consumer did not sign this acknowledgement form and explain Calumet County Department of Health and Human Services' efforts in trying to obtain the consumer's signature: _____

Employee's Signature

//____
Date

CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CLIENT RIGHTS AND COMPLAINT PROCESS

I. PURPOSE.

Calumet County Department of Health and Human Services is committed to the provision of high quality services delivered in a manner, which insures that the rights of recipients are protected.

This packet of materials was developed to inform you what recourse is available to you in the event you feel that any of your rights have been violated or denied, or if you are not satisfied with any of the services, you have requested or received. If you do not understand this material, the Complaint Investigator (listed below) will explain it to you.

II. GENERAL.

A. Definition of Complaint.

Complaint is a grievance, difficulty, disagreement, or dispute concerning the manner in which the Department has served a client or a citizen. It may be based on the statutory rights afforded to clients and citizens. Any client or other person may use the complaint procedure. This procedure is in addition to, and does not limit, the right to pursue other remedies, including the court process, available to the client.

If your complaint is in regard to the services of an organization the Department contracts with, your complaint should be directed to the Complaint Investigator of that organization. If your complaint has not been satisfactorily resolved by that agency, you may then file your complaint with the Calumet County Department of Health and Human Services using the process outlined below.

B. Complaint Investigator.

The Complaint Investigator for the Calumet County Department of Health and Human Services Department is:

Lynn Brenner, Deputy Director
Calumet County Department of Health and Human Services
206 Court Street, Chilton, WI 53014
920-849-1400, (833) 620-2730

If the Complaint Investigator has a conflict of interest in the complaint filed, an alternative complaint investigator will be assigned by the Agency Director.

C. Time Limit.

The prompt filing of a complaint will result in a more accurate and effective investigation and resolution. The complainant must file any complaint within thirty (30) working days of the date of occurrence giving