



The [Privacy Policies Acknowledgement](#) (PPA) form is used to document a Home and Community Based Services (HCBS) participant's receipt of the Department of Health and Senior Services' (DHSS) [Notice of Privacy Practices](#) (Notice). This acknowledgement is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) (PL-111-5) (collectively, and hereinafter, HIPAA). The Notice explains how DHSS may use and/or disclose the participant's medical information.

All participants shall be given the Notice at the initial face-to-face assessment.

- If a participant's case is closed and later reopened for services, the participant must be provided with a current copy of the Notice and sign a new PPA form.

INSTRUCTIONS:

Enter the participant's first name, middle initial and last name.

Enter the participant's birth month, day, and year.

Enter the Social Security Number *only if* the individual does not have an assigned Departmental Client Number (DCN).

Enter the participant's DCN.

The person receiving the Notice shall print their first name, middle initial and last name. This will be the participant, their legal guardian, or any individual named in a Durable Power of Attorney for Health Care (DPOA-HC) that has been invoked.

- If the person that signs the PPA form is the guardian or DPOA-HC, a copy of the document granting legal authority to act on behalf of the participant must be attached.
- The only time a parent may sign is if the participant is a minor child.

Obtain the signature of the person whose name is printed on the above line and include the date. Participants who cannot sign may mark with an "X."

Check the appropriate box to describe the relationship between the participant and the person who signed the PPA form.

- If the participant refuses to sign the form, DSDS staff shall check the box "client refused to sign form."

Enter the name and address of the bureau or program that provided the Notice to the participant.

If DSDS staff is present when the PPA form is completed, they shall sign and print their name and enter the date.

DISTRIBUTION:

The original shall be uploaded into the participant's case record in the HCBS Web Tool. Upon request, a copy shall be given to the participant.