



**SOUTHEAST IOWA LINK (SEIL)  
MENTAL HEALTH AND DISABILITY  
SERVICES REGION**

DES MOINES, HENRY, JEFFERSON,  
KEOKUK, LEE, LOUISA, VAN BUREN  
& WASHINGTON COUNTIES

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
FOR HIPAA COVERED ENTITIES**

I, \_\_\_\_\_, do hereby acknowledge receipt of a copy of the Notice of  
(Printed Name) Privacy Practices, Policies, and Procedures.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

**In the event this request is made by the individual's personal representative:**

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Authority of Personal Representative