

**TSAB NTAWV LEES PAUB QHIA SIV YUS TUG
(PRIVACY NOTICE ACKNOWLEDGEMENT) (Obtained)
(HMONG)**

KEV LEES PAUB TSAB CAI QHIA SIV YUS TUG

Kuv tau txais Tsab Cai Qhia Siv Yus Tug ntawm Public Health-Madison and Dane County.

Xee Npe: _____ **Hnub:** _____

Sau Npe: _____

Yog tsab ntawv tso cai no xee los ntawm ib tug neeg sawv cev tus neeg, thov sau teb rau hauv qab no:

Tus Sawv Cev Npe: _____

Kev sib txheeb tus neeg: _____

Xa rov rau: Privacy Officer
Public Health-Madison and Dane County
210 Martin Luther King Jr. Blvd, Room 507
Madison, WI 53703-3346

Tsab hais Xov Tooj

Raws txoj cai lij choj hauv tsoom fwv teb chaws, peb yuav tsum tau muab peb “Tsab Cai Qhia Siv Yus Tug” rau koj. Tsab ntawv qhia no hais txog peb yuav siv thiab muab koj cov ntawv kho mob raug tiv thaiv li cas thiab koj muaj cuab kav muab tau tsab ntawv no li cas.

Koj puas xav tau peb ib “Tsab Cai Qhia Siv Yus Tug” xa tuaj rau koj?

PRIVACY NOTICE ACKNOWLEDGEMENT (Not Obtained)

Client Name: _____

Staff must document why the individual did not sign the notice acknowledgement. Staff should document below the good faith effort to obtain this acknowledgement and indicate whether the individual refused or was unable to sign the acknowledgement:

I attest that the above information is correct.

Staff Signature

____/____/_____
Date

Print Staff Name

Title