

**Acknowledgement of Notice of Privacy Practices  
and  
Reporting Vulnerable Adult Abuse, Neglect, and/or Exploitation**

This date I received the following information:

1. A copy of the Notice of Privacy Practices and for the Southwest Mississippi Planning & Development District. These practices were explained to me and I acknowledge my rights and responsibilities under the Health Insurance Portability and Accountability Act (HIPAA).
2. Information about the abuse, neglect, and/or exploitation of vulnerable adults and instructions for reporting the abuse, neglect, and/or exploitation of vulnerable adults.

Client/Caregiver Signature:	Date Signed:
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Case Manager's Signature:	Date Signed:
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Case Manager's Name:
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