

**Acknowledgement of Receipt of Notice of
South Carolina Information Collaborative (SCIC) Privacy Practices
And Release of Information**

Notice of Privacy

I, (Client Name) _____, have received the Notice of
Print Client Name

Privacy Practices from an SCIC participating agency.

X _____ Date: _____
Client/Parent/Guardian Signature

Release of Information

Type of information to be released is limited to:

- | | |
|---|--|
| .Profile and Assessments | .Financial / Work History/Residential Information |
| .Mental Health Assessment/Progress | .Substance Abuse Assessment/Progress |
| .Medical / Health Information | .Services Provided |

This information is to be released for the purpose of continuity of care/case management and or client advocacy and is valid for one year unless otherwise specified.

X _____ Date: _____
Client/Parent/Guardian Signature

Alternate Notice of Privacy and Release of Information

*In lieu of client signature, I _____, a staff member of an SCIC
Print Staff Name

participating agency, state that _____, has been given our current
Print Client Name

Notice of Privacy Practices

_____ Date: _____
Staff Signature