



JACKSON COUNTY

Community Justice

SOCIAL HISTORY QUESTIONNAIRE

Instructions: Please **PRINT** all information completely and accurately. If more space is needed for any section, use the other side of the paper. **Please answer every question.**

PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____

Other names used: _____

Date of Birth: _____ State of Birth: _____ Social Security # _____

Height: _____ Weight: _____ Sex: _____ Race: _____ Eyes: _____ Hair: _____

Scars, Marks or Tattoos: _____

LIVING SITUATION

Residence/Address: _____

City/State/Zip: _____

Mailing address (if different from above): _____

Home phone: () _____ Work phone: () _____ Message: () _____

List **FULL NAMES** of **ALL** adults/children living in the household with you **AND** your relationship to them:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Number and types of dogs at the residence: _____

EDUCATION

Highest grade completed: _____

EMPLOYMENT

Are you employed now? _____ Collecting Disability? _____ Other: _____

Current employer: _____

Address: _____

Job title: _____ Wages: _____ Shift: _____

Hours per week: _____ Dates of employment: From: _____ to: _____

Does your current employer know you are on Probation? _____

Last employer (If unemployed now): _____

FINANCIAL INFORMATION

List all assets/property owned or being purchased by you: _____

Current rent/mortgage payment: _____ Utilities (total): _____

Other monthly expenses (In this section list any Human Service Agency you are connected with): _____

Are you receiving Food Stamps? _____ If so, how much: _____

Do you have an open case with the Job Council? _____ AFS? _____ SCF? _____ If so, explain: _____

Does anyone living at your current address have cases open with any of these agencies? _____ If so, explain: _____

(If more room needed use the back of the page)

TRANSPORTATION

Drivers license number: _____ State: _____ Expiration date: _____

License status: Valid: _____ Expired: _____ Suspended: _____ Revoked: _____

If revoked or suspended, list reasons: _____

Vehicle: Make/Model: _____ Year: _____ Color: _____

Vehicle plate number: _____ State: _____ Expiration of plate: _____

List other vehicles used by members of your household: _____

List other transportation used or available to you: _____

CURRENT OFFENSE

Describe the crime of conviction (What you did and with whom). Describe your feelings about you conviction and sentence: _____

Victim(s) Name(s): _____

CRIMINAL HISTORY

List ALL PREVIOUS crimes both felony and misdemeanor, that you have been CONVICTED of, the date it occurred and the sentence. This includes both **ADULT and JUVENILE** convictions. (Use other side of the page if more room is needed): _____

Have you ever been on parole/probation before? _____ If "YES", complete the following: When: _____

Where: _____

For what reason(s)? _____

Please list all family and/or current household members who have ever been on parole/probation or who have been in prison at one time or another: _____

MILITARY SERVICE

Have you ever been in the military? _____ (If you are answering "NO", move on to the next section).

Branch of service: _____ Years of service: _____

Type of Discharge: _____

Special training received: _____

While in the military, were you ever given disciplinary action? _____ If "YES", please list the violations and sanctions: _____

HEALTH

Present health condition: Excellent: ___ Good: ___ Fair: ___ Poor: ___ Problems: _____

Current prescriptions: _____

Current doctor(s): _____ Phone () _____

List any previous or current disabilities you have suffered: _____

List any previous surgeries: _____

Have you ever: Had a psychological/psychiatric evaluation or received treatment? _____

Received mental health treatment or counseling? _____

Been hospitalized for mental problems? _____

If you answered "YES" to any of the above questions, please list when and where: _____

MARITAL HISTORY

Are you currently married? _____

If "YES", please list your spouses full name: _____

Names of previous spouses, if any: _____

Names of any children **NOT** living with you: _____

Are you required to pay Child Support? ___ If "YES", in what amount each month? \$ _____ State: _____

If you are behind, please list the amount: \$ _____ To whom is this owed? _____

YOUR FAMILY HISTORY

Father's full name: _____

Address: _____

Phone: () _____ Occupation: _____

Mother's full name: _____

Address: _____

Phone: () _____ Occupation: _____

List names and ages of your bothers and sisters (use other side of page if more room is necessary):

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____
4. _____ Age: _____
5. _____ Age: _____

Name, address and phone number of an emergency contact person - **NOT** living with you:

Relationship: _____

List **ALL** states/countries in which you have lived: _____

DRUG AND ALCOHOL HISTORY

Describe your alcohol use over the last three years: _____

Was your current offense alcohol related? _____

When you committed this crime, was alcohol in your system? _____

Have you undergone any alcohol treatment or counseling? _____ If "YES", where and when: _____

Which of the following drugs have you tried or "experimented" with?

Marijuana? _____ Methamphetamine (Speed) _____ Cocaine? _____

LSD? _____ Heroin? _____ Mushrooms? _____

Barbiturates ("Downers")? _____ Other (list): _____

Have you ever been addicted to any drug(s)? _____ If "YES", please list the drugs(s): _____

Have you ever undergone any drug treatment or counseling? _____ If "YES", where and when? _____

I acknowledge that I have answered these questions honestly and truthfully, to the best of my ability.

Signature _____

Date _____

TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) –

Yes	No
-----	----

- | | | |
|--|-----------------------|-----------------------|
| 1. Did you use <u>larger amounts of drugs</u> or use them <u>for a longer time</u> than you planned or intended? | <input type="radio"/> | <input type="radio"/> |
| 2. Did you <u>try to cut down on your drug use</u> but were <u>unable</u> to do it? | <input type="radio"/> | <input type="radio"/> |
| 3. Did you <u>spend a lot of time</u> getting drugs, using them, or recovering from their use?..... | <input type="radio"/> | <input type="radio"/> |
| 4. Did you <u>get so high or sick</u> from drugs that it – | | |
| a. <u>kept you from</u> doing work, going to school, or caring for children? | <input type="radio"/> | <input type="radio"/> |
| b. <u>caused an accident</u> or put you or others in danger? | <input type="radio"/> | <input type="radio"/> |
| 5. Did you <u>spend less time at work, school, or with friends</u> so that you could use drugs?..... | <input type="radio"/> | <input type="radio"/> |
| 6. Did your drug use <u>cause</u> – | | |
| a. <u>emotional or psychological</u> problems?..... | <input type="radio"/> | <input type="radio"/> |
| b. problems with <u>family, friends, work, or police</u> ?..... | <input type="radio"/> | <input type="radio"/> |
| c. <u>physical health or medical</u> problems?..... | <input type="radio"/> | <input type="radio"/> |
| 7. Did you <u>increase the amount</u> of a drug you were taking so that you could get the same effects as before?..... | <input type="radio"/> | <input type="radio"/> |
| 8. Did you ever keep taking a drug to <u>avoid withdrawal symptoms</u> or keep from <u>getting sick</u> ? | <input type="radio"/> | <input type="radio"/> |
| 9. Did you <u>get sick or have withdrawal symptoms</u> when you quit or missed taking a drug? | <input type="radio"/> | <input type="radio"/> |
| 10. Which <u>drug</u> caused the <u>most serious problem</u> ? [CHOOSE ONE] | | |
| ○ <i>None</i> | | |
| ○ <i>Alcohol</i> | | |
| ○ <i>Marijuana/Hashish</i> | | |
| ○ <i>Hallucinogens/LSD/PCP/Psychedelics/Mushrooms</i> | | |
| ○ <i>Inhalants</i> | | |
| ○ <i>Crack/Freebase</i> | | |
| ○ <i>Heroin and Cocaine (mixed together as Speedball)</i> | | |
| ○ <i>Cocaine (by itself)</i> | | |
| ○ <i>Heroin (by itself)</i> | | |
| ○ <i>Street Methadone (non-prescription)</i> | | |
| ○ <i>Other Opiates/Opium/Morphine/Demerol</i> | | |
| ○ <i>Methamphetamines</i> | | |
| ○ <i>Amphetamines (other uppers)</i> | | |
| ○ <i>Tranquilizers/Barbiturates/Sedatives (downers)</i> | | |

11. How often did you use each type of drug during the last 12 months?

	DRUG USE IN LAST 12 MONTHS				
	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY
a. <u>Alcohol</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Marijuana/Hashish</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <u>Hallucinogens/LSD/PCP/</u> <u>Psychedelics/Mushrooms</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <u>Inhalants</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>Crack/Freebase</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <u>Heroin and Cocaine</u> (mixed together as Speedball)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <u>Cocaine</u> (by itself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. <u>Heroin</u> (by itself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. <u>Street Methadone</u> (non-prescription)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. <u>Other Opiates/Opium/Morphine/Demerol</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. <u>Methamphetamines</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. <u>Amphetamines</u> (other uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. <u>Tranquilizers/Barbiturates/Sedatives</u> (downers) ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other (<i>specify</i>) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During the last 12 months, how often did you inject drugs with a needle?

- Never*
 Only a few times
 1-3 times per month
 1-5 times per week
 Daily

13. How serious do you think your drug problems are?

- Not at all*
 Slightly
 Moderately
 Considerably
 Extremely

14. How many times before now have you ever been in a drug treatment program?
[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never*
 1 time
 2 times
 3 times
 4 or more times

15. How important is it for you to get drug treatment now?

- Not at all*
 Slightly
 Moderately
 Considerably
 Extremely



**JACKSON COUNTY
COMMUNITY JUSTICE**

WEAPONS NOTICE

While under supervision you are prohibited from owning, possessing, or having under your control certain weapons. The Authority of this prohibition originates in Federal and State law as well as in the Conditions of Supervision as explained below:

1. Probation & Parole/Post-Prison Supervision:

General Condition #12 states, "Not possess weapons, firearms, or dangerous animals."

2. State Law:

Oregon Revised Statute 166.270 (1) states, "Any person who has been convicted of a felony under the law of this state or any other state, or who has been convicted of a felony under the law of the Government of the United States, who owns or has in the person's possession or under the person's custody or control **ANY FIREARM**, commits the crime of felon in possession of a firearm."

FELON IN POSSESSION OF A FIREARM IS A CLASS C FELONY

3. Federal Law:

Title VII of the Federal Omnibus Crime Control and Safe Street Act of 1986 made it a felony for any person convicted of a crime punishable as a felony to receive, possess, control or transport any firearm. The Act also applied to persons who were discharged from the Armed Forces under dishonorable conditions, those adjudged by a court of being mentally incompetent, and those who have renounced United States citizenship or are aliens in the United States unlawfully. The penalty for violation of this statute is imprisonment for not more than (2) years and/or a fine of not more than \$10,000.00.

Title XVIII 922(G(9)): In September 1996, the US Congress passed a law that if you have a prior conviction for Domestic Violence (felony or misdemeanor) you may not own or possess a firearm. This law applies to anyone convicted of a Domestic Violence charge even though you have no Felony convictions. A violation of this law could result in a Federal charge that may be punishable by up to 5 years in a Federal prison.

If you have prior felony convictions which meet the criteria for "Armed Career Criminal," and you are found in possession of a firearm, you may be subject to Federal prosecution resulting in a mandatory prison sentence (minimum of 15 years) before you are eligible for parole.

You have 24 hours from signing this Notice to remove all weapons from your possession, control, or ownership. Any weapons found thereafter will be considered deliberate violations of parole/probation and subject to confiscation and destruction. While you are under supervision, any firearm or other dangerous weapon found in your possession or control will be grounds for immediate incarceration.

If you have any questions or are unsure about this Notice in any way, contact your Parole/Probation Officer

Offender Signature

Date/Time

Witness

Date/Time



**JACKSON COUNTY
COMMUNITY JUSTICE**
1101 West Main Street, Suite 101
Medford, Oregon 97501
Phone:(541) 774-4900
Fax:(541) 770-9484

MARIJUANA NOTICE

All subjects on Probation, Parole, or Post-Prison supervision in Jackson County are prohibited from marijuana use and possession.

Jackson County Community Justice policy states, "Offender shall not hold, possess, or apply for a registry ID card for the purpose of using medical marijuana without explicit order of the sentencing authority (i.e. Court, Board of Parole and Post-Prison Supervision, or Supervisory Authority)."

1. Probation & Parole/Post-Prison Supervision:
General Condition #10 states, "Obey all laws, municipal, county, state and federal."
General Condition #2 states, "Not use or possess controlled substances..."
2. Federal Law:
The Federal government regulates drugs through the Controlled Substances Act (CSA) (21 U.S.C.§ 811), which does not recognize the difference between medical and recreational use of marijuana.

*If you have any questions or are unsure about this Notice in any way, contact your
Parole/Probation Officer.*

Offender Signature

Date

Witness

Date

CONTACT AS DEFINED BY ORS 163.730

- A. Coming into visual or physical presence of the other person.
- B. Following the other person.
- C. Waiting outside the home, property, place of work or school of the other person or of a member of that person's family or household.
- D. Sending or making written communications in any form to the other person.
- E. Speaking with the other person by any means.
- F. Communicating with the other person through a third party.
- G. Committing a crime against the other person.
- H. Communicating with a third person who has some relationship to the other person with the intent of affecting the third person's relationship with the other person.
- I. Communicating with business or government entities with the intent of affecting some right or interest of the other person.
- J. Damaging the other person's home, property, place of work or school.
- K. Delivering directly or through a third person any object to the home, property, work or school of the other person.



If a situation is unclear or I have any questions, I understand it is my responsibility to remove myself from the area of the victim and to contact the probation officer for clarification **BEFORE** any contact occurs.

I have read, discussed and fully understand this no contact requirement.

Probationer/Parolee _____ Date _____



JACKSON COUNTY

Community Justice

1101 W. Main
Suite 101
Medford, OR 97501
Phone: 541 774-4900
Fax: 541 770-9484

AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT NAME: _____ BIRTHDATE: _____

I authorize Jackson County Community Justice to contact:

(Person/Facility)

(Address)

For:

1. XX Release of information TO Jackson County Community Justice FROM person or agency named above.
2. XX Release of information FROM Jackson County Community Justice TO person or agency named above.

PURPOSE OR NEED FOR DATA: _____

SPECIFIC DATA REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Intake information | <input type="checkbox"/> Diagnosis/evaluation |
| <input type="checkbox"/> History information | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> Current status | <input type="checkbox"/> Prognosis/future needs |
| <input type="checkbox"/> Other: _____ | |

Alcohol treatment records, health records to include all illnesses and diseases including HIV or AIDS, mental health records and other records may be released for the purpose described above.

It is my understanding that all information received by Jackson County Community Justice as a result of this authorization will be treated as confidential. The department may, however, disclose this information for the purposes of the administration of its programs including disclosure in Circuit Court proceedings. This authorization may be revoked by me at any time unless action has been taken in reliance thereon, and in any event, 30 days from this date, or upon the following conditions or events or date:

Upon expiration of Community Supervision.

I have read the above and understand its contents and I am satisfied with any explanations I may have requested and received.

Client Signature

Date

Witness

Date

NOTE: We regret that any attendant fees cannot be reimbursed by Jackson County Community Justice.



JACKSON COUNTY NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- This letter is available in Spanish.
- For alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA), contact State of Oregon Department of Human Services at: Phone 503-945-7021, TTY 503-947-5330 or fax 503-373-7690. For additional assistance, contact the Jackson County HIPAA Privacy Officer at 774-8200.

Jackson County provides many types of services, such as health and social services. Jackson County staff must collect information about you to provide these services. Jackson County knows that information we collect about you and your health is private. Jackson County is required to protect this information by Federal and State law. We call this information "protected health information (PHI)." The Notice of Privacy Practices will tell you how Jackson County may use or disclose information about you. Not all situations will be described. Jackson County is required to give you a notice of our privacy practices for the information we collect and keep about you. Jackson County is required to follow the terms of the notice currently in effect.

JACKSON COUNTY MAY USE AND DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION

- For Treatment: Jackson County may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- For Payment: Jackson County may use or disclose information to get payment or to pay for the health care services you receive. For example, Jackson County may provide PHI to bill your health plan for health care provided to you.
- For Health Care Operations: Jackson County may use or disclose information in order to manage its programs and activities. For example, Jackson County may use PHI to review the quality of services you receive.
- Appointments and Other Health Information: Jackson County may send you reminders for medical care or checkups. Jackson County may send you information about health services that may be of interest to you.
- For Public Health Activities: Jackson County is the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.
- For Health Oversight Activities: Jackson County may use or disclose information to inspect or investigate health care providers.
- As Required by Law and For Law Enforcement: Jackson County will use and disclose information when required or permitted by federal or state law or by a court order.
- For Abuse Reports and Investigations: Jackson County is required by law to receive and investigate reports of abuse.
- For Government Programs: Jackson County may use and disclose information for public benefits under other government programs. For example, Jackson County may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- To Avoid Harm: Jackson County may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- For Research: Jackson County uses information for studies and to develop reports. These reports do not identify specific people.
- Disclosures to Family, Friends, and Others: Jackson County may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

- Other Uses and Disclosures Require Your Written Authorization: For other situations, Jackson County will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. Jackson County cannot take back any uses or disclosures already made with your authorization.
- Other Laws Protect PHI: Many Jackson County programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for Jackson County to use and disclose your mental health and chemical dependency treatment records.

YOUR PHI PRIVACY RIGHTS

When information is maintained by Jackson County as a public health agency, the public health records are governed by other State and Federal laws and is not subject to the rights described below.

- Right to See and Get Copies of Your Records: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- Right to Request a Correction or Update of Your Records: You may ask Jackson County to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- Right to Get a List of Disclosures: You have the right to ask Jackson County for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- Right to Request Limits on Uses or Disclosures of PHI: You have the right to ask that Jackson County limit how your information is used or disclosed. You must make the request in writing and tell Jackson County what information you want to limit and to whom you want the limits to apply. Jackson County is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.
- Right to Revoke Permission: If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- Right to Choose How We Communicate with You: You have the right to ask that Jackson County share information with you in a certain way or in a certain place. For example, you

may ask Jackson County to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

- Right to File a Complaint: You have the right to file a complaint if you do not agree with how Jackson County has used or disclosed information about you.
- Right to Get a Paper Copy of this Notice: You have the right to ask for a paper copy of this notice at any time.

HOW TO CONTACT JACKSON COUNTY TO REVIEW, CORRECT, OR LIMIT YOUR PROTECTED HEALTH INFORMATION (PHI)

You may contact your local Jackson County office or the Jackson County Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records.
- Ask to correct or change your records.
- Ask to limit how information about you is used or disclosed.
- Ask for a list of the times Jackson County disclosed information about you.
- Ask to cancel your authorization.

Jackson County may deny your request to look at, copy or change your records. If Jackson County denies your request, Jackson County will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with Jackson County or with the U.S. Department of Health and Human Services, Office for Civil Rights.

HOW TO FILE A COMPLAINT OR REPORT A PROBLEM

You may contact any of the people listed below if you want to file a complaint or to report a problem with how Jackson County has used or disclosed information about you. Your benefits will not be affected by any complaints you make. Jackson County cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

State of Oregon Department of Human Services
Governor's Advocacy Office
500 Summer St. NE, E17
Salem, Oregon 97301-1097
Phone: 1-800-442-5238 Fax: 503-378-6532 Email: GAO.info@state.or.us

Office for Civil Rights

Medical Privacy, Complaint Division

U.S. Department of Health and Human Services

200 Independence Avenue, SW, HHH Building, Room 509H

Washington, D.C. 20201

Phone: 866-627-7748 TTY: 886-788-4989 Email: www.hhs.gov/ocr

FOR MORE INFORMATION

If you have any questions about this notice or need more information, please contact the Jackson County Privacy Officer.

Jackson County Department of Health and Human Services

Privacy Officer

1005 East Main Street, Building C

Medford, OR 97504

Phone: 541-774-8200

Fax: 541-774-7980

TTY: 541-774-8138

In the future, Jackson County may change its Notice of Privacy Practices. Any changes will apply to information Jackson County already has, as well as any information Jackson County receives in the future. A copy of the new notice will be posted at each Jackson County site and facility and provided as required by law. You may ask for a copy of the current notice anytime you visit a Jackson County facility.

Alternate Formats

For alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA), contact the Jackson County HIPAA Privacy Officer at 541-774-8200, TTY 541-774-8138, or fax 541-774-7980.

Nondiscrimination Policy

Jackson County does not discriminate against any person on the basis of race, color, national origin, handicap, or age, in admission, treatment, or participation in its programs, services and activities, or in its employment.



**JACKSON COUNTY
NOTICE OF PRIVACY PRACTICES
Acknowledgment of Receipt**

Effective Date: April 14, 2003

The Notice of Privacy Practices tells you how Jackson County may use or disclose information about you. Not all situations will be described. Jackson County is required to give you a notice of its privacy practices for the information it collects and keeps about you. After you have completed and signed the Notice of Privacy Practices, we will give you one copy and keep the original in your file or other appropriate location.

I, _____ (client's name), have been given a copy of Jackson County's Notice of Privacy Practices and have had a chance to ask questions about how my information will be used.

Client's signature

Date

Legal or Personal Representative of Client (if applicable)

Relationship

Alternate Formats

For alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA), contact the Jackson County HIPAA Privacy Officer at 541-774-8200, TYY 541-774-8138, or fax 541-774-7980.

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