
Client Acknowledgement

By signing this form:

1. I acknowledge receipt of informational booklets 1, 2, and 3.
2. I acknowledge that I have received a copy of Oneida County's Notice of Privacy Practices.
3. I acknowledge that this Notice of Privacy Practices provides information about how Oneida County may use and disclose protected health information about me.
4. I acknowledge that, as provided in this Notice of Privacy Practices, the terms of this Notice may change. If Oneida County changes its Notice of Privacy Practices, I may obtain a revised copy by calling Oneida County's Privacy Officer at (315) 798-6400.
5. I understand that I can contact my worker at any time and that I am required to report all changes in my household within ten days of the change. **Such changes include: employment, income, living arrangements, household size, property/resources, residency/address.**
6. I understand that address changes should be reported to my worker by no later than the 15th of the month prior to my move. I further understand that **I am required** to notify my landlord 30 days prior to moving.
7. I certify that no one in my household has income from any source, other than listed below, since my last recertification. This includes wages from any employer, Temporary Assistance, Social Security, SSI, Unemployment Insurance Benefits, and any other income.

Signature of Client

Date

Signature of Spouse/EP/Significant Other/Parent/Guardian

Date

Note: This form replaces the Privacy Acknowledgement