

ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices provides information about how we may use and disclose your protected health information.

In addition to the copy we are providing you, copies of the current notice are available at our office and on the website.

I, _____ acknowledge that I have received the Notice of Privacy Practices.

Signature of Client or Clients Representative

Date

Print Name

Relationship to Patient

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained.

! Notice of Practices Given ó Patient Unable to Sign

! Notice of Practices Given ó Patient Declined to Sign

! Notice of Privacy Practices and Acknowledgment Mailed to Patient

! Other Reason Patient Did Not Sign _____

Signature of Representative

Date