



# Acknowledgment of Receipt of Notice of Privacy Practices

Notice to Client:

We are required to provide you with a copy of our Notice of Privacy Practices. The notice states how we may use and/or disclose your health information.

Please sign this form to acknowledge receipt of the Notice.

You may refuse to sign this acknowledgment, if you wish.

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**I acknowledge that I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this client, but it could not be obtained because:

- ☐ The client refused to sign.
- ☐ Due to an emergency situation, it was not possible to obtain an acknowledgment.
- ☐ We weren't able to communicate with the client.
- ☐ Other (please provide specific details) \_\_\_\_\_

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Employee Signature & Date: \_\_\_\_\_

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