

ACKNOWLEDGEMENT 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, which states how we may use and/or disclose the client's health information. Please sign this form to acknowledge receipt of this Notice. You may refuse to sign this acknowledgement if you wish.

I acknowledge that I received a copy of The Center for Assessment, Inc. Notice of Privacy Practices:

Patient Name: _____

Parent/Guardian Name: _____

Client's Social Security Number or Birthdate: _____

Signature: _____ Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices from _____, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement

Other (Please Specify) _____

Employee Signature: _____ Date: _____

This form does not constitute legal advice and covers only federal, not state law.