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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF POLICIES AND PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS DOCUMENT

The undersigned acknowledges receipt of a copy of the currently effective Notice of Mental Health Practitioner's Policies & Privacy Practices.

A copy of this signed, dated Acknowledgement shall be as effective as the original.

Please print your name

Please sign your name

Date signed

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority.

_____.

Thank you. If you have any questions about this form, or the attached Notice, please contact our privacy officer, Dr. Steven Reisler.

Office Use Only As a privacy officer, I attempted to obtain the patient's (or representative's) signature on this acknowledgment but did not because:

It was emergency treatment

The patient refused to sign

The patient was unable to sign because: _____

Other (Please describe) _____

Signature of Privacy Officer _____