



Acknowledgement of Receipt of *Notice of Privacy Practices*

By signing this form, you acknowledge receipt, and understanding, of my *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. Please read it in full and ask me any questions you may have prior to signing this acknowledgement.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me. If you have any questions about my *Notice of Privacy Practices*, please contact me.

I acknowledge receipt of the *Notice of Privacy Practices* of Danae Powers, M.S. Licensed Marriage and Family Therapist.

Client Name [*Printed*]

____/____/_____
Date

Signature of Client or Client's Representative*

**Indicate Relationship to Client:* _____



For Office Use Only:

**Inability to Obtain Acknowledgement of Receipt of
Notice of Privacy Practices**

I made good faith attempts to obtain my client's acknowledgement of his or her receipt of my Notice of Privacy Practices, including

However, because of

I was unable to obtain my patient's acknowledgement.

Danae Powers, M.S.
Licensed Marriage and Family Therapist

____/____/____
Date