

**ACKNOWLEDGMENT OF RECEIPT FOR NOTICE OF PRIVACY PRACTICES AND
HEALTH CARE PROVIDER DISCLOSURE**

I, _____
(print client name)

or the parents or legal guardian of the patient

(print parent, guardian, or other representative name)

(if parent, guardian, or other representative print the type of representation)

Acknowledge here that I have reviewed and been offered a copy of the following documents:

_____ Notice of Privacy Practices

_____ Health Care Provider Disclosure Form.

Signature of Patient (or Parent, Representative, or Legal Guardian)

Date

If acknowledgment of receipt has not been obtained:

I _____ (print name of health care provider) hereby state that I made a good faith effort to obtain client's acknowledgment of receipt of the Notice of Privacy Practice and Disclosure Form. I also indicate here the reason why the acknowledgment was not obtained:

___ Client refusal

___ Other:

(signature of health care provider) Date