

Dianna Jurena Counseling

Acknowledgement of Receipt of Notice of Privacy Practices

Notice to clients:

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.

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

Please print your name here.

Please sign your name here.

Please date here.

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 were not able to communicate with the clients.

Other (Please provide specific details)

_____.

Employee Signature

Date