

Social and Cognitive Learning Center

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, have received a copy of this office's notice of privacy practices.

Client Name: _____

Date: _____

Signature: _____

Parent/Guardian Name: _____

Date: _____

Signature: _____

Relation to Client: _____

(If client under age 18)

It is your right to refuse to sign this document.

FOR OFFICE USE ONLY:

The reason that a standard acknowledgement (such as the above) of the receipt of the notice of privacy practice was not obtained:

Client/Parent refused to sign

Communication barriers prohibited obtaining the acknowledgement.

An emergency situation prevented this office from obtaining it.

Other: _____