

# SABRENA SWAIN, MFT

## **ACKNOWLEDGEMENT OF RECEIPT:** **NOTICE OF PRIVACY PRACTICES**

The Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have received a copy of the Providers 'Notice of Privacy Practices'.

_____	_____
Signature of Patient or Patient's Representative	Date
_____	_____
Print Name	Relationship to Patient
_____	
Interpreter (if applicable)	

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### **Written Acknowledgement Not Obtained**

- Notice of Privacy Practices Given – Patient Unable to Sign
- Notice of Privacy Practices Given – Patient Declined to Sign
- Notice of Privacy Practices Mailed to Patient – Awaiting Signature
- Other Reason Patient Did Not Sign

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