

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)	

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
