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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF POLICIES AND PRIVACY PRACTICES**

YOU MAY REFUSE TO SIGN THIS DOCUMENT

The undersigned acknowledges receipt of a copy of the currently effective Notice of Mental Health Practitioner's Policies & Privacy Practices.

A copy of this signed, dated Acknowledgement shall be as effective as the original.

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Please sign your name

\_\_\_\_\_  
Date signed

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority.

\_\_\_\_\_.

Thank you. If you have any questions about this form, or the attached Notice, please contact our privacy officer, Dr. Steven Reisler.

Office Use Only As a privacy officer, I attempted to obtain the patient's (or representative's) signature on this acknowledgment but did not because:

It was emergency treatment

The patient refused to sign

The patient was unable to sign because: \_\_\_\_\_

Other (Please describe) \_\_\_\_\_

Signature of Privacy Officer \_\_\_\_\_