**Sarah J. Looney, MEd, LPC**

**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy of the Notice of Privacy Practices.

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(Please Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

\*\* You may refuse to sign this acknowledgement although information has been received\*\*

**For Office Use Only**

Attempt was made to obtain written acknowledgement of receipt of Notice of Privacy Practices, however acknowledgement could not be obtained because:

\_\_\_\_ Individual refused to sign

\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_ An emergency prevented us from obtaining acknowledgement.

\_\_\_\_ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_