

Acknowledgment of Notice of Privacy Practices

Name of Client (please print)

Date of Birth

I hereby acknowledge that I received Notice of Privacy Practices from the office of Michael Allison, LMFT:

Signature of client or client representative

Date

Documentation of Good Faith Efforts
To obtain client's acknowledgement that they received provider's
Notice of Privacy Practices
(For use when acknowledgment cannot be obtained from the client.)

The client presented to the office on: _____, and was provided with a copy of the Notice of Privacy Practices of Michael Allison, LMFT. A good faith effort was made to obtain from the client a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

- Client refused to sign.

- Client was unable to sign or initial because:

- The client had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.

- Other reason (describe below): _____

Signature of Practitioner Completing Form

Date