

DAVID MICHALICEK, M. A.
Licensed Marriage and Family Therapist

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, have received a copy of this office's Notice of Privacy Practices. I understand that under the HIPAA (Health Insurance Portability and Account and Ability Act of 1996), I have certain rights to privacy regarding my protected health information (PHI).

My Notice of Privacy Practices provides information about how I may use and disclose your Protected Health Information (PHI). I encourage you to read it carefully. My Notice of Privacy Practices is subject to change. If I change my Notice, you are welcome to obtain a copy of the revised form from my website or office.

Patient name (printed): _____

Signature: _____ Date: _____

It is your right to refuse to sign this document.

FOR OFFICE USE ONLY:

The reason that a standard acknowledgment (such as the above) of the receipt of the notice of privacy practices was not obtained:

- Patient refused to sign
- Communication barriers prohibited obtaining the acknowledgment.
- An emergency situation prevented this office from obtaining it.
- Others: _____