

**It is your right to refuse to sign this document**

**Acknowledgement of Receipt of Notice of Privacy Practice**

I, \_\_\_\_\_, have received a copy of this Office's Notice of Privacy Practices.

**Acknowledgement of Receipt of Office Policies**

I have read the Office Policies and General Information Agreement for Psychotherapy Services carefully. I understand them and agree to comply with them.

**Patient name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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 acknowledgement.

\_\_\_\_\_ An emergency situation prevented this office from obtaining it.

\_\_\_\_\_ Others: \_\_\_\_\_