

A Family Works Counseling

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received the Notice of Privacy Practices of A Family Works Counseling, an Arizona Professional Limited Liability Corporation, which explains its legal duties and privacy practices with respect to my protected health information. I understand that I may refuse to sign this Acknowledgement.

Date: _____

Signature of Patient or Patient's Representative

Print Name of Patient or Patient's Representative

FOR OFFICIAL USE ONLY

I, _____, made a good faith effort to obtain written acknowledgement of _____'s receipt of the Notice of Privacy Practices of A Family Works Counseling, an Arizona Professional Limited Liability Corporation. However, I could not obtain written acknowledgement because: (please check the appropriate box)

- Individual refused to sign this Acknowledgement
- Communications barrier prohibited obtaining written acknowledgement
- An emergency situation prevented obtaining written acknowledgement
- Other (please specify)

