

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

<p><b><i>For office use only:</i></b></p> <p>Patient Name: _____</p> <p>File Record #: _____</p> <p>Date of Intake: _____</p>
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By signing this form, you acknowledge that Denton Psychological Services has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003. This includes the situation where your first date of service occurred.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

**Check all that are true:**

- I have received the Denton Psychological Services Privacy Notice.**
- Denton Psychological Services has given me the chance to discuss my concerns and questions about the privacy of my health information.**

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Client’s Signature

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**For Office Use Only**

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We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- † Patient/Individual refused to sign (Date of refusal)\_\_\_\_\_
- † Communications barriers prohibited obtaining an acknowledgement
- † An emergency situation prevented us from obtaining an acknowledgement
- † Other \_\_\_\_\_

Attempt was made by: \_\_\_\_\_ date: \_\_\_\_\_

Explain: \_\_\_\_\_