

Park Ridge Psychological Services

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By my signature below, I acknowledge that I received a copy of the Notice of Privacy Practices for Park Ridge Psychological Services.

Client Name

Date of Birth

Signature of client (or personal representative)

Date of signature

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

Staff Signature: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

___ Individual refused to sign

___ Communication barriers prohibited obtaining the acknowledgement

___ An emergency situation prevented us from obtaining the acknowledgement

___ Other (Specify): _____

This form will be retained in your medical record.