



CRAFTSMAN COUNSELING

Acknowledgment of Receipt of HIPAA Notice of Privacy Practices

Notice to Client:

We are required to provide you with a copy of our Notice of Privacy Practices. The notice states how we may use and/or disclose your health information.

Please sign this form to acknowledge receipt of the Notice.

You may refuse to sign this acknowledgment, if you wish.

I acknowledge that I have received a copy of this office's HIPAA Notice of Privacy Practices.

Please print your name here

Signature of Client / Guardian

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient, but it could not be obtained because:

___ The patient refused to sign.

___ Due to an emergency situation, it was not possible to obtain an acknowledgment.

___ We weren't able to communicate with the patient.

___ Other (please provide specific details) _____

Therapist Signature

Date