

# ***Life Balance Counseling***

## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Notice to Client/Patient:

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.

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

\_\_\_\_\_  
Please print your name here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **FOR OFFICE USE ONLY**

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

- The client/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 client/patient.
- Other (please provide specific details) \_\_\_\_\_

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date