CLIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You May Refuse to Sign this Acknowledgement)

I, ________________________________________, have received a copy of the Notice of Privacy Practices.

_______________________________________
Name (Print)

_______________________________________
Signature

_______________________________________
Date

For Office Use Only

University of Central Oklahoma Psychology Clinic has 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 acknowledgement; Date of refusal: _____________

_______ Communication barriers prohibited obtaining an acknowledgement

_______ Emergency situation prevented obtaining an acknowledgement

_______ Other _____________________________________________________________

Attempt was made by: ___________________________ Date: ___________________

Explanation: _____________________________________________________________

Psychological Associate:
Name __________________________________ Signature _________________________
or Clinician

Supervisor:
(if needed) Name __________________________________ Signature _________________________