

Balance Counseling and Wellness

Acknowledgement - Receipt of Notice of Privacy Practices

We are required by law to provide you with a copy of our Notice of Privacy Practices, which explains your rights and our legal duties concerning your protected health information and how we may use and disclose your protected health information.

- 1. Please sign this form to confirm you have received our Notice of Privacy Practices.
- 2. You do not have to sign this form if you do not want to. Our staff will sign it to confirm we provided, or made a good faith effort to provide, you with our Notice of Privacy Practices.

Date: _____

Name of Person: _____

Birth Date: _____ Last 4 Numbers Social Security #

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Address: _____
Street Address Apt #
City State Zip

I received the Notice of Privacy Practices of Balance Counseling and Wellness

Signature Printed Name

Acknowledgement by Personal Representative

If you are a Personal Representative acting for the person named above please place your name, relationship and authority to act as Personal Representative for the person below and sign on the line provided to acknowledge receipt of our Notice of Privacy Practices by the person or by you on the person's behalf. Proof of your authority to act may be requested.

Signature, Individual/ Personal Representative _____

Name, Personal Representative (if any) _____

Personal Representative's Authority to Act _____

Balance Counseling and Wellness
Received and witnessed by:

Signature Printed Name and Title

Balance Counseling and Wellness

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For Office Use Only

If Acknowledgement of Receipt of Notice of Privacy Practices is signed by Individual place "X" in Box 1

If Acknowledgement of Receipt of Notice of Privacy Practices is signed by an authorized Personal Representative for Individual place "X" in Box 2

Identity of the Individual verified

Identity Authority to Act of Personal Representative verified

If Acknowledgement of Receipt of Notice of Privacy Practices is not signed place "X" in Box 3 and explain.

Good faith effort made to obtain written acknowledgment of receipt.

We made a good faith effort to obtain a written acknowledgement of receipt of our Notice of Privacy Practices and did not because of the reasons explained.

Confirmed for Balance Counseling and Wellness

by:

Signature

Printed Name and Title