

Ellen Walters, MFT

## Acknowledgement of Receipt of Notice of Privacy

You may refuse to sign this acknowledgement.

\_\_\_\_\_ Yes, I have received a copy of this office's Notice of Privacy Practices (HIPAA Regulations)

\_\_\_\_\_ No, I do not want a copy of this office's Notice of Privacy Practices, but have read them, and understand my rights. Should I have questions about the Privacy Practices, I am entitled to receive a copy.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

---

For office use only

I have attempted to obtain written acknowledgement of receipt of my 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 me from obtaining the acknowledgement.

\_\_\_\_\_ Other (please specify)

2900 Camino Diablo, Suite 100  
Walnut Creek, Ca 94597  
(925) 934 4647