

Acknowledgment of Receipt of Notice of Privacy Practices

By my signature below I, _____, acknowledge that I received a copy of the HIPAA Notice of Privacy Practices for Samantha DeCaro, Psy.D.

If I have any questions or concerns I will bring them to Dr. DeCaro. I agree that my continuing to work with Dr. DeCaro means that I have read, understand, and accept the information contained in the Notice.

Signature of client (or personal representative)

Date

If this acknowledgment is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____

Relationship to Patient: _____

For Office Use Only

I attempted to obtain written acknowledgment of receipt of my Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented me from obtaining acknowledgment
- Other (Please specify) This form will be retained in your medical records
