

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice by contacting me at 818-599-3221.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 818-599-3221.

I acknowledge receipt of the *Notice of Privacy Practices* of Tracey Navrides, MA, LMFT

Signature: _____ Date: _____
(client/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my client’s acknowledgement of his or her receipt of my *Notice of Privacy Practices*.

Signature of Provider: _____ Date: _____