



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The privacy of your protected health information is important to Marriage and Family Solutions, LLC. Signature on this form shows that we have provided you with a copy of our Notice of Privacy Practices (NPP). This notice describes how your health information will be handled in various situations. On your first date of service, we ask that you sign this form to acknowledge that you have received a copy of our Notice of Privacy Practices. If the first day of service with us was due to an emergency, we will try to provide this notice and get a signature as soon as possible.

### **I have received this office's Notice of Privacy Practices**

\_\_\_\_\_  
Client Print Name

\_\_\_\_\_  
Client Signature *(or Personal Representative's Signature)*

\_\_\_\_\_  
Date

.....  
Does patient have a copy of Notice of Privacy Practices from Marriage and Family Solutions, LLC?

Yes

No

Please explain why the client was unable to sign acknowledgment form and indicate office's efforts to obtain patient signature: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

.....  
If signed by a Personal Representative:

Print Name: \_\_\_\_\_ Role \_\_\_\_\_ (Parent, guardian, etc.)

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

*(If the individual has a personal representative with legal authority to make health care decisions on the individual's behalf, the notice must be given to and acknowledgment obtained from the personal representative.)*