Christy Pulsford MSW, LISW-S, LICDC
GrowthINsight Counseling LLC
Affiliate of Macks Psychology Group
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Acknowledgement of Receipt
of the
HIPAA Notice of Privacy Practice

The law requires your doctor or other health care provider to ask for written proof that you received the Notice of Privacy Practices, in what is called an "acknowledgement of receipt." The law does not require you to sign this acknowledgement form.

- If you choose not to sign, your doctor or provider must keep a record that they did not get your signature, but they still have to treat you.
- If you choose to sign, you have *not* given up any of your rights or agreed to any special uses of your health records. You are just stating you got the Notice.

By my signature below, I acknowledge that I received a copy of the Notice of Privacy Practices from the office of Ms. Christy Pulsford and Macks Psychology Group.

_____ _____/_____/_____
Patient's Name (please print) Patient's Date of Birth

_____ _____/_____/_____
Signature of Patient or Parent or Legal Guardian Date

_____
Name of Parent or Legal Guardian (please print)

_____
Relationship to Patient (Parent or Legal Guardian)

For Office Use Only

I attempted to obtain written acknowledgement of receipt of Ms. Christy Pulsford and Macks Psychology Group's Notice of Privacy Practices, but acknowledgement could not be obtained because (check one block):

☐ Individual refused to sign

☐ Communication barriers prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (Please Specify): _____

Office Personnel's Name _____ Date _____/_____/_____