

JENNY PEARSON, LICSW

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, _____, acknowledge that I received a copy of the **Notice of Privacy Practices of Jenny Pearson LICSW**.

Signature of Client

Date

Signature of Jenny Pearson, LICSW

Date

If this acknowledgment is signed by a personal representative (i.e., parent of minor) on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

This form will be retained in your medical record.