

## 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 from me by contacting me at 925-298-7172.

If you have any questions about my Notice of Privacy Practices, please contact me at: Profound Impact Therapy, Jennifer Davis, MFT. 2817 Crow Canyon Road, Suite 103, San Ramon, CA 94583.

I acknowledge receipt of the Notice of Privacy Practices of Profound Impact and Jennifer Davis, MFT.

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

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

(Patient/Parent/Conservator/Guardian)

## INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices. However, I was unable to obtain my patient's acknowledgement.

Signature of Provider: \_\_\_\_\_ Date \_\_\_\_\_