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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:

Rebecca Toner, MFT
1291 Lincoln Way
Auburn, CA 95603
530-588-7440 | Rebeccatonermft@gmail.com

If you have any questions about my *Notice of Privacy Practices*, please contact me at the phone number or email address listed above.

I acknowledge receipt of the *Notice of Privacy Practices* of Rebecca Toner, MFT.

Signature: _____

Date: _____

(patient/parent/conservator/guardian- please circle one)

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*, including _____

However, because of _____

I was unable to obtain my patient's acknowledgement.

Signature of Provider _____

Date _____