



Acknowledgement of Receipt of Notice of Privacy Rights

I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Forward Family Therapy and Pamela Boaz, LCSW.

Signature of Client or Parent/Guardian

Date

If not the client, please print name and state legal authority to sign for the client.

-----*For Practitioner Use only*-----

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

- ❖ Individual refused to sign
- ❖ Communication barriers prohibited obtaining acknowledgement
- ❖ Client was incapable of signing
- ❖ Other
(Specify) _____

Signature of Practitioner

Date