



Psychotherapy & Medication Management

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You May Refuse to sign this Acknowledgement****

I, _____, have received a copy of South Coast Psychiatry's Notice of Privacy Practices.
(Please Print Name)

(Signature)

(Date)

For Office Use Only

South Coast Psychiatry attempted to obtain written acknowledgement of receipt of his/her Notice of Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ An emergency situation prevented him/her from obtaining the acknowledgement
- _____ Other (specify)

