



Patrick Ward PHD
LPC
MARRIAGE & FAMILY THERAPY
 Enriching Lives, Building Relationships

**ACKNOWLEDGEMENT OF RECEIPT OF
 PRACTICE POLICIES AND PRIVACY INFORMATION
 &
 HIPAA GUIDELINES**

I, _____, have received a copy of this office's Privacy, Practice
Please Print Your Name

Policies and Procedures Information, including a link to the HIPAA privacy rule adhered to in this office. By my signature below, I am agreeing to the responsibilities of the client included in the aforementioned document, including (but not limited to) the 24-hour cancellation policy.

 Signature

 Date

 Signature

 Date

 Signature(minor 12 or older)

 Date

 Office Professional Signature

 Date

For Office Use Only

Written acknowledgement of receipt of Practice Policies and Procedures Information and HIPAA guidelines was attempted, but could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented obtainment
- Other (specify): _____

 Signature of Professional

 Date