

**Juliet West Counseling**  
**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received a copy of this Office's Notice of Privacy Practices.

Patient name: \_\_\_\_\_

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

It is your right to refuse to sign this document.

**For Office Use Only:**

**The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Practices was not obtained:**

\_\_\_\_\_ **Patient refused to sign.**

\_\_\_\_\_ **Communication barriers prohibited obtaining the acknowledgement.**

\_\_\_\_\_ **An emergency situation prevented this office from obtaining it.**

\_\_\_\_\_ **Others:** \_\_\_\_\_