

## **Acknowledgement of Receipt of Notice of Privacy Practices**

I have received a copy of Tom McCabe, MA, LPC's *Notice of Privacy Practices*. I acknowledge that the *Notice of Privacy Practices* contains important information that could help me make informed decisions about counseling services and a client's rights to privacy.

I also understand that I am not required to sign this form in order to participate in counseling.

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

Printed name: \_\_\_\_\_

*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:

- Recipient refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented obtaining it.
- Others: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Tom McCabe, MA, LPC

*This is a strictly confidential client health record. Redislosure or transfer is expressly prohibited by law.*