Tom McCabe, MA, LPC

Confidential counseling for individuals

PO Box 23284 Juneau AK 99802-3284

Signature:

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Date:

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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.

Printed name:	
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.	Printed name:
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.	
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.	
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Practices was not obtained: Recipient refused to sign. Communication barriers prohibited obtaining the acknowledgement. An emergency situation prevented obtaining it.	For Office Use Only:
Communication barriers prohibited obtaining the acknowledgement. An emergency situation prevented obtaining it.	
An emergency situation prevented obtaining it.	Recipient refused to sign.
	Communication barriers prohibited obtaining the acknowledgement.
Others:	An emergency situation prevented obtaining it.
	Others:
Signature: Date:	Signature: Date:
Tom McCabe, MA, LPC	

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