

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.