Weekend Behavioral Health

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ACKNOWLEGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You have the right to refuse to sign this Acknowledgement

I, _____ have received a copy of Dr. Wang's Notice of Privacy Practices.

Client name (please print): _____ Date: _____

Client name's signature: _____

Responsible party (please print): _____ Date: _____

Relationship between responsible party and client: _____

Responsible party name's signature: _____

INTERPRETER'S ATTESTATION (if applicable): I certify that I am fluent in the language of the person providing consent. I certify that I have accurately and completely interpreted the contents of this form, and that the person giving consent has indicated their understanding of the contents.

Interpreter Signature: _____ Date: _____

FOR OFFICE USE ONLY

Dr. Wang attempted to obtain acknowledgement of client's receipt of the Notice of Privacy Practices, however acknowledgement could not be obtained because

_____ Individual refused to sign

_____ An emergency situation prevented him from obtaining acknowledgement.

_____ Other (explain) _____

_____

_____

Client or responsible party (if application) Initial: _____