

TRUE CONNECTIONS COUNSELING, PLLC

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that your clinician has given you a copy of the Privacy Notice, which explains how your health information will be handled in various situations. TCC must try to have you sign this form on your first date of service with me after April 14, 2003. This includes the situation where your first date of service occurred.

If your first date of service with me was due to an emergency, TCC must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

- I have received the Privacy Notice.
- My TCC clinician **has given me the chance to discuss my concerns and questions about the privacy of my health information.**

Name – Please Print

Client's Signature

OFFICE USE ONLY

TCC has made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Patient/Individual refused to sign (Date of refusal) _____
- Communications barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement

Other _____

Attempt was made by: _____ date: _____

Explain: