

**Receipt of Notice of Privacy Practices
Written Acknowledgement Form**

I, _____ ,
have received a copy of Southampton Psychiatric Associates Notice of Privacy Practices.

Signature of Patient

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name _____

Relationship to Client: _____

FOR OFFICE USE ONLY

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining the acknowledgement
- Communication barriers prohibited obtaining the acknowledgement
- Other (please specify):

This form will be retained in your medical record