

NOTICE OF PRIVACY PRACTICES

Acknowledgment of Receipt

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices*.
I encourage you to completely read the *Notice*.

I, _____, acknowledge receipt of the
(Please print your name)

Notice of Privacy Practices from Anita Cooper-Marquez, LMFT.

Signature: _____
(Client/parent/conservator/guardian)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

If individual DID receive the *Notice of Privacy Practices* but did not sign this
Acknowledgement, please state reason why (refused, unable, left too soon, other):

If individual did not receive the *Notice of Privacy Practices*, please state reason why
(crisis treatment, patient declined receipt, other):

Anita Cooper-Marquez, LMFT#108281

Date: _____