

Ann Palik, MA, MFT
Marriage and Family Therapist, Lic. #33337
3820 Del Amo Boulevard, Suite 301
Torrance, CA 90503
(310) 538-3512

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at (310) 538-3512.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 3820 Del Amo Boulevard, Suite 301, Torrance, CA 90503, (310) 538-3512.

I acknowledge receipt of the *Notice of Privacy Practices* of Ann Palik, MA, MFT.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patient's acknowledgement of his or her receipt of my Notice of Privacy Practices, including [describe good faith attempts]. However, because of [insert reasons why acknowledgement was not obtained] I was unable to obtain my patient's acknowledgement.

Signature of Provider: _____ Date: _____