

Gina M. Garbell, Psy.D.
Licensed Psychologist

Acknowledgment of Receipt of Notice of Privacy Practice

I, _____, have received a copy of this Office's
Notice of Privacy Practices.

Patient name: _____

Signature: _____ Date: _____

It is your right to refuse to sign this document.

For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the
Notice of Privacy Practices was not obtained:

_____ Patient refused to sign

_____ Communication barriers prohibited obtaining the acknowledgment.

_____ An emergency situation prevented this office from obtaining it.

_____ Others: _____