



Behavioral Health & Wellness

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of August 11, 2014.

Signature of Patient/Patient Representative

Date

Relationship to Patient

For Office Use Only

Sonder attempted to obtain written acknowledgment of receipt of his/her Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- An emergency situation prevented him/her from obtaining the acknowledgment
- Other (specify)

