



Our Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT OF:

“OUR PRIVACY PRACTICES - YOUR HEALTH INFORMATION” FORM

You May Refuse to sign this Acknowledgment

I, _____, have received a copy of Family Therapeutics’ Notice
(Please Print Name)
of Privacy Practices entitled “Our Privacy Practices – Your Health Information”.

(Signature)

(Date)

For Office Use Only

Family Therapeutics staff member, _____ attempted to obtain written acknowledgment of receipt of his/her Notice of Privacy Practices entitled “Our Privacy Practices – Your Health Information”, but acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ An emergency situation prevented her from obtaining the acknowledgment

_____ Other (specify)

This form, our privacy policy, and other useful information can be found at:

www.familytherapeutics.com