

# Inspiration Psychological Services

*Instilling hope, promoting skills, & putting dreams into practice*

Jacquelyn Williams, Psy.D.  
Clinical Psychologist  
PSY 21054 & 39562



## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, \_\_\_\_\_, have received a copy of this office's notice of privacy practices.

Patient name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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: \_\_\_\_\_