

Mind Opener

Acknowledgement of Receipt of Notice of Privacy Practices

Client's Name _____ Date of Birth: _____

Parent/ Guardian's Name (if client is a minor): _____

**By signing below, I hereby acknowledge receipt of (therapist) _____
Notice of Privacy Practices.**

Signature of Client (Parent or Guardian if
Client is a minor)

Date

For Therapist use only:

Date: _____

(Therapist) _____ has made good faith efforts to obtain written
acknowledgement of receipt of the Notice of Privacy Practices Act, but has been unable
to obtain it. The following efforts were made:

The written acknowledgement was unable to be obtained for the following reasons:

Signature

Date