

**ALLIED BEHAVIORAL HEALTH
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By my signature below, I _____, acknowledge that I received a copy of the Notice of Privacy Practices for Allied Behavioral Health.

Signature of client/representative

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

This form will be retained in your medical record.

Witnessed by:

Date
