

WESTSIDE CHRISTIAN COUNSELING CENTER

Acknowledgment Of Receipt of Privacy Notice

I acknowledge that I have received a copy of the Notice of Privacy Practices with the effective date of April 14, 2003.

Signature of Client or Client's Representative

Date

Relationship to Client

Documentation Of Good Faith Efforts

Client Name: _____ Date: _____

The client presented to the facility on this date and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain from the client a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

- Client refused to sign
- Client was unable to sign or initial

because: _____

- The Client had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.

- Other reason

describe: _____

Signature of employee completing form: _____

Original to be maintained in Client's permanent file.