

Keith Attardo, LMFT LLC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that we have given to you. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice from us by contacting us at (562) 598-5991.

If you have any questions about our *Notice of Privacy Practices*, please contact us at:

Grace Counseling Group
4132 Katella Avenue, Suite #104
Los Alamitos, California 90720

I acknowledge receipt of the *Notice of Privacy Practices* of Grace Counseling Group.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

**INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

We made good faith attempts to obtain our patient's acknowledgement of his or her receipt of our *Notice of Privacy Practices*, including (*describe good faith attempts*) _____

However, because of (*insert reasons why acknowledgement was not obtained*) _____

we were unable to obtain our patient's acknowledgement.

Signature of Provider: _____ Date: _____