

Acknowledgement of Receipt of Privacy Notice

By signing this form, I, _____, acknowledge that Comprehensive Counseling Services, LLC has provided me with a copy the Privacy Notice that explains how my health information will be handled in various situations. I understand that I am able to discuss any questions I may have regarding the privacy notice with my provider, and I am aware that a Federal law requires that a signed copy of this form be retained in my file.

Signature _____

Date _____

For Comprehensive Counseling Services use only:

Does patient have a copy of the Privacy Notice? Yes No

Why was patient unable to sign: _____