I-BOS Counseling Center, LLC
Fax: (239) 242-6389

2503 Del Prado Blvd. S. Ste. 410
Cape Coral, Florida 33904

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____, have received a copy of this office's notice of privacy practices.

Client name: _____

Signature: _____ Date: _____

Client name: _____

Signature: _____ Date: _____

Client name: _____

Signature: _____ Date: _____

It is your right to refuse to sign this document.

_____

Therapist Date

FOR OFFICE USE ONLY:

The reason that a standard acknowledgment (such as the above) of the receipt of the notice of privacy practices was not obtained:

____ Patient refused to sign

____ Communication barriers prohibited obtaining the acknowledgment.

____ An emergency situation prevented this office from obtaining it.

____ Others: _____