

**WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF THE
NOTICE OF PRIVACY POLICIES**

I acknowledge that I have received a copy of the Shore Counseling and Consulting Clinic's Practices (Notice Brochure), and have been provided an opportunity to review and understand it. The notice brochure describes the types and uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of health care operations. The notice brochure also describes my rights and the Shore Clinic's duties with respect to my protected health information.

SIGNATURE: _____ **DATE:** _____

CLIENT'S NAME: (PRINT) _____ **DATE OF BIRTH:** _____

RELATIONSHIP (IF OTHER THAN CLIENT): _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Health Information Privacy Practices Brochure, but acknowledgement could not be obtained because of the following reason(s):

- Individual refused to sign
- Communication barriers prohibited us from obtaining acknowledgment
- An emergency situation prevented us from obtaining acknowledgement
- Other: (please specify)

