

Marisha A. Senyo, MA, LMFT

Acknowledgement of receipt of Notice of Privacy Practices, Professional Disclosure Statement, and Informed Consent for Treatment and Evaluation.

By my signature below I, _____, acknowledge that I have read and received a copy of the Notice of Privacy Practices, Professional Disclosure Statement, and Informed Consent Treatment and Evaluation.

Signature of Client or personal representative

Date

If this acknowledgement is signed by a personal representative on behalf of the client complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, Professional Disclosure Statement, and Informed Consent Treatment and Evaluation, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- Emergency situation prevented us from obtaining acknowledgment
- Other (please specify) _____

This form will be retained in your record.