

# The Counseling Center

At Davidson United Methodist Church

## Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_

Patient ID #: \_\_\_\_\_

I hereby acknowledge that I have received a copy the Notice of Privacy Practices for The Counseling Center at Davidson United Methodist Church. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient's Representative (if applicable)

**Relationship to Patient (if applicable)**

- Parent or guardian of unemancipated minor
- Court appointed guardian
- Executor or administrator of decedent's estate
- Power of Attorney

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FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date,

\_\_\_\_\_ but acknowledgment could not be obtained because:

- Patient/representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement at this time  
(will attempt again at a later date)
- Other (Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_