

CLIENT ACKNOWLEDGEMENT OF  
RECEIPT OF NOTICE OF PRIVACY PRACTICES  
(You May Refuse to Sign This Acknowledgement)

I, \_\_\_\_\_, have received a copy of the Notice of Privacy Practices from Behavioral Care Services, 7340, Suite 102, Heritage Village Plaza, Gainesville, VA 20155.

Patient/Parent/Guardian Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- Client/Individual refused to sign (Date of refusal) \_\_\_\_\_
- Communications barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other \_\_\_\_\_

Attempt was made by: \_\_\_\_\_

Date: \_\_\_\_\_

Explain: \_\_\_\_\_