



## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, \_\_\_\_\_, have reviewed a copy of Ravenhill Psychological Services' Notice of Privacy Practices.

|   |                                    |               |
|---|------------------------------------|---------------|
| _____<br>Consumer Name (print)                              | _____<br>Consumer Signature        | _____<br>Date |
| _____<br>Parent/Guardian (if under 14 years of age) (print) | _____<br>Parent/Guardian Signature | _____<br>Date |
| _____<br>Witness Name (print)                               | _____<br>Witness Signature         | _____<br>Date |

**It is your right to refuse to sign this document.**

**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:

- \_\_\_\_\_ Consumer refused to sign
- \_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgment.
- \_\_\_\_\_ An emergency situation prevented this office from obtaining it.
- \_\_\_\_\_ Others: \_\_\_\_\_

**Client has**  **ACCEPTED**  **REJECTED** **a copy of this authorization form.** All information released will be handled confidentially, in compliance with the Federal Regulations 42 C.F.R., 2.31 and 2.35 and 4 PA Code §255.5. Information from other facilities, persons, organizations provided to Ravenhill Psychological Services will not be re-released to fulfill requests within this consent, unless expressly permitted.