

# Holistic Counseling Services

## **Acknowledgement of Receipt of Notice of Privacy Practices**

*You may refuse to sign this acknowledgement*

I, \_\_\_\_\_, have received a copy of this agency's  
Notice of Privacy Practices.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,  
but acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

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