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Acknowledgment of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of the Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be clearly posted in the office and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

[note, for couples I will need both names and signatures, thank you]

Print Name _____ Date _____

Signature _____ Date of Birth _____

Parent/Guardian's Name if client is a minor: _____

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FOR THERAPIST'S USE ONLY

Date _____ Therapist's Signature _____

If NOT signed by the client, please indicate:

Relationship

- ___ Parent or guardian of minor client
- ___ Guardian or conservator of an incompetent client
- ___ Beneficiary or personal representative of deceased client
- ___ Other _____

Name of client _____

Complete the following only if the Client refuses to sign the Acknowledgment:

Good faith efforts to obtain signature _____

Reason for refusal _____