

Professional Psychological Associates

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Acknowledgement of Receipt of Notice of Privacy Practice

I, _____, have read/received a copy of

Professional Psychological Associates Notice of Privacy Practice.

Client name _____

Signature _____ Date _____

It is your right to refuse to sign this document.

For Office Use Only:

The reason that a standard acknowledgement of the receipt of the Notice of Privacy Practices was not obtained:

_____ Client refused to sign.

_____ Communication barriers prohibited obtaining the acknowledgement.

_____ An emergency situation prevented this office from obtaining it.

_____ Others: _____