COLLABORATIVE CARE
Behavioral Therapy
LLC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of CCBT's Notice of Privacy – Practice and Confidentiality Document.

_____

Print Client's Name

_____ _____

Client Signature Date

If Client is a minor or unable to sign:

_____ _____

Print Personal Representative's Name Relationship to Client

_____ _____

Personal Representative's Signature Date

FOR OFFICE USE ONLY

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
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining the acknowledgement
- ☐ Other (please specify) _____