

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Client's name _____

By signing below I acknowledge receipt of the Notice of Privacy Practices from Donald Wallach, MFT.

Signed _____ Date _____

(Indicate relationship if not signed by client) _____

Failure to Sign Receipt

I, Donald Wallach, MFT, have made good faith efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but have been unable to obtain it. The following efforts were made: _____.

Declines to Accept Notice of Privacy Practices

The written acknowledgment of receipt of the Notice of Privacy Practices was unable to be obtained for the following reasons: _____.

Signed _____ Date _____
