

Marilyn Stahl, LMFT
Licensed Marriage Family Therapist, MFC#32141
408 Broad Street, Suite 10B, Nevada City, CA 95959
530 265-4016 (Office) 530 470-2958 (Fax)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at 530 265-4016.

If you have any questions about my *Notice of Privacy Practices*, please contact me at 408 Broad Street, Suite 10B, Nevada City, CA 95959 or 530 265-4016.

I acknowledge receipt of the *Notice of Privacy Practices of Marilyn Stahl, LMFT*.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices, including [describe good faith attempts]. However, because of [*insert reasons why acknowledgement was not obtained*] I was unable to obtain my patient's acknowledgement.

Signature of Provider: _____ Date: _____