



**Healing the Mind and Spirit**

### **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 818-563-1223.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 23822 Valencia Blvd., Suite 204, Valencia, CA 91355 or call me at 661-505-8755.

I acknowledge receipt of the *Notice of Privacy Practices* of Tracy T. Taris, M.A., LMFT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(client/parent/conservator/guardian)

### **INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I made good faith attempts to obtain my client's acknowledgement of his or her receipt of my *Notice of Privacy Practices*.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_