



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, hereby acknowledge that:
(Name of Individual or Individual's Representative)
(Please Print)

☐ I have been referred to the CFS website and have been offered a copy of The Center for Family Support's Notice of Privacy Practices.

☐ I have received a copy of The Center for Family Support's Notice of Privacy Practices.

Date

Signature of Individual or Individual's Representative

Name of Individual or Individual's Representative
(Please Print)

Description of Representative's Authority, if Applicable

Signature of CFS Staff / Witness (if presented in person)

Name of CFS Staff / Witness (if presented in person)
(Please Print)

I make the following request for confidential communication or restriction on use or disclosure of my protected health information:



Documentation of the Attempt to Obtain Written Acknowledgement of the Delivery of the Notice of Privacy Practices

I, _____ delivered/ mailed _____'s
(Printed name and title of CFS Staff) (Name of Individual)

Notice of Privacy Practices to _____
(Printed name of Individual or Personal Representative)

on _____.
(Full date)

I attempted to obtain an acknowledgement of the receipt of the Notice of Privacy Practices but was unable to do so because:

Date

Signature of Staff Member