

FAMILY BASED THERAPY ASSOCIATES

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

NAME OF INDIVIDUAL: _____

This is to acknowledge receipt of a copy of Family Based Therapy Associates' Notice of Privacy Practice with an effective date of 4/14/2003.

Individual's (or Legal Representative's) Name:

Individual's (or Legal Representative's) Signature:

Date: _____

Capacity or Authority of Legal Representative (if applicable)*: _____

*May be requested to provide verification of representative status.

For Office Use Only

We made the following efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practices:

However, acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify):

