Receipt and Acknowledgement of Notice of Privacy Practices

Please read my Notice of Privacy Practices before you read and sign this form. The Notice of Privacy Practices explains my practices related to safeguarding the privacy of your health information, how I use or disclose it, and how you can see it. If you do not agree to my privacy practices, many of which are required by law, I cannot treat you.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Gloria Dahlquist, M.A., Licensed Marital and Family Therapist.

I understand that if I have any questions regarding this notice or my privacy rights, I can contact Gloria Dahlquist.

_____ I agree to accept the terms. I consent to services being provided.

_____ I refuse to accept the terms. I understand you cannot provide services as a result.

After you have signed this form, you have the right to revoke it at any time by writing a letter telling me you no longer accept the terms, and I will comply with your wishes about using or sharing your information from that time on, unless I am required to do so by law or to the extent that I may already have used or shared some of your information.

_____

Signature of Patient Date

_____

Printed Name Date

_____

Signature of Personal Representative, if Other than Patient Date

_____

Description of Personal Representative's Relationship to Patient (i.e., parent or guardian, etc.)

_____

Date Notice of Privacy Practices was given

_____ Person seeking service refuses to acknowledge receipt.

_____

Signature of Psychotherapist Date