Sally R. Brinza, PhD, LP, LLC

Phone (612) 978-5058
Email drbrinza@protonmail.com
www.sallybrinza.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I,_____, acknowledge that I have received a copy of the Notice of Privacy Practices for Sally R. Brinza, PhD, LP.

_____ _____
Signature of Client or guardian* Date

*If this acknowledgement is signed by a parent or guardian on behalf of the client, complete the following:

Guardian's Name:_____
Relationship to Client:_____

This form will be retained in the medical record.

For Office Use Only

An attempt was made to obtain written acknowledgment of receipt of my Notice of Privacy Practices on the following date_____, but a signature could not be obtained because:

_____ Individual or guardian refused to sign
_____ Communication barriers prevented acknowledgment
_____ An emergency situation prevented acknowledgement
_____ Other (specify)_____