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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, the undersigned have received a copy of the Notice of Privacy Practices of Cedar Valley Psychiatry, LLC. If the patient is less than fourteen years old, then a Parent/ Guardian must sign the Acknowledgment on behalf of the patient.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
Parent/ Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
**Date**

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### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_

This form does not constitute legal advice.