

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, have reviewed a copy of
TOWNE LAKE COUNSELING'S **NOTICE OF PRIVACY PRACTICES**.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

On _____ at _____ we made a good faith attempt to obtain written
acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could
not be obtained because of the following reason:

- Patient refused to sign
- Communication barriers prevented obtaining a receipt
- An emergency prevented obtaining a receipt
- Other: _____