

EVOLVE COUNSELING AND HOLISTIC WELLNESS, LLC
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES and DISCLOSURE STATEMENT

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Evolve Counseling & Holistic Wellness.

Signature of client (or personal representative)

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative Name: _____

Relationship: _____

Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because of the following:

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

This form will be retained in your medical record.