Center for Behavioral Health
University of Missouri – St. Louis

UMSL - Center for Behavioral Health Acknowledgment of Receipt of Notice of Privacy Practices and Request for Confidential Communication

Client Name _____

By signing below, I acknowledge that I have received a copy of the UMSL – Center for Behavioral Health's (CBH) Notice of Privacy Policies. Furthermore, I have read the privacy policies and I consent to the use of my and/or my child's Protected Health Information for the purpose of healthcare operations, treatment, and payment activities.

Should CBH staff need to contact me, I want CBH to contact me by telephone at the telephone numbers listed below:

Phone:_____(home) Please **Do/Do Not** leave an answering machine message (circle one)
Please **Do/Do Not** leave a message with another person (circle one)

Phone:_____(cell) Please **Do/Do Not** leave a voice mail message (circle one)
Please **Do/Do Not** leave a message with another person (circle one)

Phone:_____(work) Please **Do/Do Not** leave an answering machine/voice mail message

Please note: Messages will not be left with another person at your work number.
If you choose that you do not want a message left on your machine, we cannot leave you a message should an appointment need to be cancelled.

Should CBH need to contact me, I want CBH to contact me by electronic mail at the following address
Email:_____

All messages will be exchanged through a secure web portal; no private information and no messages identifying the sender as CBH will be sent directly to my personal email.

Should CBH need to contact me by ground mail, I want CBH to contact me at the following address:

_____
(Address, City, State and Zip Code)

X _____
Client's Signature Date

X _____
Parent/Legal Guardian's Signature Date
(Required if client is under 18 or legal ward)

Date

X _____
Witness's Signature Date

Below this line is for Office Use Only

On_____, an Acknowledgement of Receipt of Notice of Privacy Policies from was delivered.
The form was not signed due to (check one of the following options below)

_____ Communication barriers which prevent acknowledgement

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_____ An emergency which prevented acknowledgement
_____ A refusal to sign
_____ Other _____

_____ _____
Staff Signature Date

Supervisor notified: _____ _____ Supervisor's
name Date