



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 UMSL- Center for Behavioral Health's Notice of Privacy Policies.

Should CBH staff need to contact me, I want CBH to contact me by telephone at the telephone numbers listed below (Please check the accompanying boxes to indicate message preferences):

Phone: _____(home)

☐ Please leave an answering machine message.

☐ Please leave a message with another person.

Phone: _____(cell)

☐ Please leave a voice mail message.

☐ Please leave a message with another person.

Phone: _____(work)

☐ Please 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.

Client Signature

Date

Parent/Guardian Signature

(Required if client under 18 or a legal ward)

Date

Printed name of person signing form

Below this line is for Office Use Only

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

_____ Communication barriers which prevent acknowledgement

_____ An emergency which prevented acknowledgement

_____ A refusal to sign

_____ Other _____

Staff Signature

Date

Supervisor notified: _____

Supervisor's name

Date