



**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 Community Psychological Service's 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 CPS staff need to contact me, I want CPS 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 CPS need to contact me, I want CPS 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 CPS will be sent directly to my personal email:

X

Client's Signature

Date

X

Witness's Signature

Date

X

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

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

Staff Signature

Date

Supervisor notified: _____
Supervisor's name

Date