

# Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at (714) 514-3779.

If you have any questions about my Notice of Privacy Practices, please contact me at: 16152 Beach Blvd. #269, Huntington Beach, CA 92647 or call me at (714) 514-3779.

I acknowledge receipt of the Notice of Privacy Practices of Leanne Hart, MFT.

Signature:   X   Date: \_\_\_\_\_  
(Patient/Parent/Conservator/Guardian)

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## Inability to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices, including \_\_\_\_\_

However, because of \_\_\_\_\_  
I was unable to obtain my patient's acknowledgement.

Signature of \_\_\_\_\_ Date: \_\_\_\_\_  
Provider:

Leanne Hart, MFT  
16152 Beach Blvd., Suite 269, Huntington Beach, CA 92647