

PENINSULA ASSOCIATES
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICIES AND PRACTICES

I, _____, have received a copy of Peninsula Associates' Notice of Privacy Policies and Practices and authorize use and disclosure of my or my child's health information for treatment, payment and healthcare operations.

Print Name

Signature

Date

Relationship to Client

For Office Use Only

____ Photocopy of signed acknowledgement of receipt provided to client or parent

Date: _____

We attempted to obtain written acknowledgement of receipt of this Notice of PA Privacy Policies and Practices but acknowledgement was not obtained because:

____ Individual refused to sign but has been given copy of Notice

____ Communication barriers prohibited obtaining acknowledgement

____ Other (describe) _____