

NORTH STATE FAMILY COUNSELING CENTER INC.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

- By signing this form, you acknowledge receipt of the *Notice of Privacy Practices*. The *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. You are encouraged to read it in full.
- The *Notice of Privacy Practices* is subject to change. If the notice is changed, you may obtain a copy of the revised notice by contacting (530) 768-1188 or by visiting the forms page at www.northstatecounseling.com
- If you have any questions about the *Notice of Privacy Practices*, please contact us at: 3330 Churn Creek Rd, Ste. D4, Redding, CA 96002 (530) 768-1188.

I acknowledge receipt of the *Notice of Privacy Practices* (4 pages) of North State Family Counseling Center, Inc.

Client Name: _____

Name of Representative (if not client): _____

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

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 Provider: _____ Date: _____

Provider Name/License: _____