

I, _____, acknowledge that I have received the written
Patient's name
Notice of privacy practices from Elmergreen Associates Inc.

(Patients or personal representative signature)

(Date)

If personal representative, describe relationship

.. The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patients condition improves.

.. Acknowledgement was unable to be obtained.

Reason: _____

Employee signature

Date

I acknowledge that I have received from Elmergreen Associates, Inc. a written notice of Elmergreen Associates, Inc.'s privacy practices for protected health information. I acknowledge that the written notice contains a description of how medical information about me may be used and disclosed and how I may access this information. I acknowledge that the notice also contains:

**ELMERGREEN ASSOCIATES INC.
PSYCHOLOGICAL COUNSELING CENTER**
WRITTEN ACKNOWLEDGEMENT OF RECEIPT

- ÿ A description of the types of uses and disclosures that Elmergreen Associates, Inc. is permitted to make for treatment, payment or health care operations with and without my written authorization.
- ÿ A description of each of the other purposes for which Elmergreen Associates, Inc. is permitted or required to use or disclose protected health information without my written authorization.
- ÿ A description of uses or disclosures that may be limited or prohibited by law
- ÿ The description contains sufficient detail to make me aware of the uses or disclosures that are permitted or required by the federal privacy rule and other applicable law
- ÿ A statement describing my individual rights with respect to my health information and a description of how I may exercise this right
- ÿ A statement describing the Elmergreen Associates, Inc.'s duties under the federal privacy law
- ÿ I have received information explaining how to contact Elmergreen Associates, Inc. for further information and the effective date which the notice is first in effect