

Central Texas Mental Health
1717 N IH 35, Suite 200
Round Rock, TX 78664
P (512) 964-6992 | F (512) 610-5679

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____ have received a copy of the Notice of Privacy Practices for Central Texas Mental Health.

Print Patient's Name

Print Name of Person Responsible (if patient is under 18)

Signature of Adult

Today's Date

Office Use ONLY

We attempted to obtain written Acknowledgement of Receipt of Notice of Privacy Practices, but acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (please specify) _____

Staff Name

Staff Signature

Date