

**Catherine Kaplan, Ph.D., LLC**  
**Receipt of Notice of Privacy Practices**  
**Written Acknowledgment Form**

I, \_\_\_\_\_,  
have received a copy of the Notice of Privacy Practices.

---

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

If this acknowledgement is signed by a personal representative on behalf of the client, please complete the following:

Personal Representative Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

---

**For Office Use Only:**

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgment
- Communication barriers prohibited obtaining the acknowledgement
- Other: \_\_\_\_\_

**THIS FORM WILL BE RETAINED IN YOUR MEDICAL RECORD.**