Catherine Taylor, MFT
Licensed Marriage & Family Therapist
#43575

1148 Alpine Rd Suite 207, Walnut Creek, CA 94596
ph (925) 963.2792 | fax (925)280.1555
www.CatherineTaylorMFT.com
ct@catherinetaylormft.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full. My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at:

Catherine Taylor, MFT
1148 Alpine Rd. Ste. 207
Walnut Creek, CA. 94596
925-963-2792 | Catherine_Taylor@me.com

If you have any questions about my *Notice of Privacy Practices,* please contact me at the phone number or email address listed above.

I acknowledge receipt of the *Notice of Privacy Practices* of _____
(name of provider)

Signature:_____

Date:_____

(patient/parent/conservator/guardian- ***please circle one****)*

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 _____