

# OpenDoor Counseling and Assessment Services, PLLC

## Notice of Privacy Practices

---

### ACKNOWLEDGEMENT OF REVIEW

Date: \_\_\_\_\_

I have reviewed the Health & Human Services Agencies' Notice of Privacy Practices (version effective October 6, 2014), which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this notice if requested.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

**If completed by a patient's personal representative, please print and sign your name in the space below.**

\_\_\_\_\_  
Personal Representative (Print)

\_\_\_\_\_  
Personal Representative Signature

### For Office Use Only

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_ Counselor Signature

\_\_\_\_\_  
Date