



RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ have received a copy of Psychological Services of Charlotte, Inc. Notice of Privacy Practices.

Print Name

or

Print Guardian Name

Signature

Date signed/received

The following is for PSC Internal use only

PSC attempted to obtain acknowledgment of receipt of Notice of Privacy Practices. Acknowledgement could not be obtained as specified below:

_____ Individual refused to sign

_____ An emergency situation prevented obtaining the acknowledgment. The Notice of Privacy Practices will be provided an acknowledgement obtained as soon as it is reasonable practicable to do so.

_____ Other (Please Specify) _____

_____ Individual agreed for PSC to mail a copy of the Notice of Privacy Practices. Record date, address and to who the Notice was mailed:

STAFF SIGNATURE: _____

DATE: _____