

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT OF RECEIPT

The DMPC Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

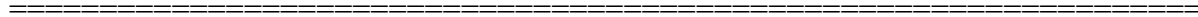
In addition to the copy we are providing you, copies of the current notice are available by accessing our website at www.delmarpsychiatric.com and may be obtained through DMPC.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient's Representative Date _____

Print Name _____
Relationship to Patient

Interpreter (if applicable)



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WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgement and reason it was not obtained.

- Notice of Privacy Practices Given - Patient Unable to Sign
- Notice of Privacy Practices Given - Patient Declined to Sign
- Notice of Privacy Practices and Acknowledgment Mailed to Patient
- Other Reason Patient Did Not Sign _____

Signature of DMPC Representative

Patient Name

Print Name

Date