

Rebekah F. Balboni, LCSW

License # 24270

(510) 499-7197

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 (510) 499-7197.

If you have any questions about my Notice of Privacy Practices, please contact me at: 2233 Santa Clara Ave, Suite 2A; Alameda, CA 94501 or (510) 499-7197

I acknowledge receipt of the Notice of Privacy Practices of Rebekah Balboni, LCSW.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

**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 _____ [describe good faith attempts]. However, because of _____ [insert reasons why acknowledgement was not obtained] I was unable to obtain my patient's acknowledgement.

Signature of Provider: _____

Date: _____

