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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

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

In addition to the copy we will provide you, copies of the current notice are available by assessing my website at www.drparkadams.com and may be obtained at my office at 1104 Market Street, Kirkland, WA 98033.

I acknowledge that I have received the Notice of Privacy Practices. Parents or guardians must sign for minors under the age of 18.

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to the client

Description of personal representative's authority

Signature of authorized representative of this practice

WRITTEN ACKNOWLEDGEMENT NOT OBTAINED

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

- Notice of Privacy Practices Given – Client unable to sign
- Notice of Privacy Practices given – Client declined to sign
- Notice of Privacy Practices mailed to Client
- Other reason _____

Signature of Psychologist

Printed Name

Copy given to the client/parent/personal representative