

**Denise C Williamson, Marriage & Family Therapy, Inc. / License No. 82446
(805) 245-2012
1411 Marsh St., Suite 201; San Luis Obispo, CA**

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 805-245-2012.

If you have any questions about my Notice of Privacy Practices, please contact me at:

Denise Williamson, 1411 Marsh Street, S-201; San Luis Obispo, CA; m/a: P.O. Box 35; Pismo Beach, CA 93448 PH# 805-245-2012.

I acknowledge receipt of the Notice of Privacy Practices of Denise C Williamson, Marriage & Family Therapy, Inc.

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 _____

I was unable to obtain my patient's acknowledgement.

Signature of Provider: Date: _____