

North East Counseling, P.A.

Justine R. Rhodes, M. Ed., LMHC

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices of NorthEast Counseling, P.A. and Justine R. Rhodes, M.Ed, LMHC this ____ day of _____, 20 ____.

Please print your name

Please sign your name

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority

Patient's name: _____.

Your name: _____

Relation/Authority: _____

Thank you and if you have any questions about this form or the attached Notice, please contact Justine Rhodes, LMHC, 735 Arlington Ave North, Suite 304, St. Petersburg, FL 33701, (727) 252-4660.

OFFICE USE ONLY

I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

It was emergency treatment _____

I could not communicate with the patient _____

The patient refused to sign _____

The patient was unable to sign because: _____

Other: _____

Signature: _____ Date: _____