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Acknowledgment of Receipt of Notice of Privacy Practices

By my signature below I, _____ . acknowledge that I received a copy of Johanna Rayman's Notice of Privacy Practices.

Signature of client

Date

Office use

I attempted to obtain written acknowledgment of receipt of my Notice of Privacy Practices, but acknowledgement could not be obtained because:

1. Individual refused to sign
2. Communication barriers prohibited obtaining the acknowledgment
3. An emergency situation prevented us from obtaining acknowledgment
4. Other (please specify)

This form will be retained in your medical record