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| Client Name: |  | Case #: |  | Date: |  |
| SSN: |  | DOB: |  |
| ARLINGTON COUNTY **(CONDADO DE ARLINGTON)****ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES****(CONSTANCIA DE LAS PRACTICAS DE PRIVACIDAD)** |
| Is this an Emergency Treatment situation: [ ]  Yes [ ]  No(¿Es ésta una situación de tratamiento por emergencia?) |
| How Notice Was Provided**(¿COMO FUE DADA LA NOTIFICACION?)** |
| Written: [ ]  Notice of Privacy Practices only [ ]  Both Notice of Privacy Practices and Guide to  Privacy Practices [ ]  Guide to Privacy Practices only (Por escrito) (Sólo el Aviso de las Prácticas (Las dos: Aviso de las Prácticas de Privacidad y la  de Privacidad) Guía para las Prácticas de la Privacidad)  |
| Other: [ ]  Verbal [ ]  Fax [ ]  Mail [ ]  E-mail [ ]  Website(Otro) (Verbal) (Fax) (Correo) (Correo electrónico) (Red- Website) |
|  |
| **Signature of Client: (Firma del Cliente)** |
| Name (Nombre) |  | Date (Fecha) |
| ACKNOWLEDGEMENT OF RECEIPT |
| If client did not sign, did client otherwise acknowledge Notice of Privacy Practices: [ ]  Yes [ ]  No |
| Method of acknowledgement: [ ]  Verbal [ ]  Fax [ ]  E-mail  |
| If no acknowledgement was received, document why you were unable to obtain an acknowledgement from the client and the efforts you made to obtain the acknowledgement: |
|       |
|  |
| **Signature of Staff Completing Form:**       |
| Name |  | Date |