|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Page 1 of 1 | | | | | | | | |
| Client Name: |  | Case #: |  | | | | Date: |  |
| SSN: |  | DOB: |  | | | | | |
| ARLINGTON COUNTY **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES** | | | | | | | | |
| Is this an Emergency Treatment situation:  Yes  No | | | | | | | | |
| How Notice Was Provided | | | | | | | | |
| Written:  Notice of Privacy Practices only  Both Notice of Privacy Practices and Guide to  Privacy Practices | | | | | | | | |
| Other:  Verbal  Fax  E-mail  Website | | | | | | | | |
|  | | | | | | | | |
| **Signature of Client:** | | | | | | | | |
| Name | | | |  | | Date | | |
| 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 | | | |