

Acknowledgment of Receipt of Notice of Privacy Practices

The undersigned Client of Avery L Barber, MEd, LPC acknowledges receipt of the Notice of Privacy Practices (NPP). The Client has read the NPP and understands that Avery L Barber, MEd, LPC may utilize the Client's Protected Health Information (PHI) in the ways described in the NPP. The Client has retained a copy of the NPP.

Client Name: (Printed) _____

Client Signature _____

Date: _____

- Client refused to sign but was given the NPP.
- Client's immediate emotional/psychological needs prevented obtaining acknowledgment of NPP.
- Signed acknowledgment will be requested at the next opportunity to do so.
- Client unavailable to sign but agreed that copy of NPP could be mailed (Please list full address below).
- Other (Please specify) or if mailed, list full address:

