

Franci Smith, M.S., MFT
Licensed Marriage and Family Therapist
(925) 588-3070

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full. My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at:

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925 Ygnacio Valley Road, Suite 103B
Walnut Creek, CA. 94596

509 W. 10th Street
Antioch, CA 94509
925-588-3070 [/FSmith@FranciSmithMFT.com](mailto:FSmith@FranciSmithMFT.com)

If you have any questions about my *Notice of Privacy Practices*, please contact me at the phone number or email address listed above.

I acknowledge receipt of the *Notice of Privacy Practices* of Franci Smith, MFT.

Signature: _____

Date: _____

(*patient/parent/conservator/guardian- please circle one*)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my *Notice of Privacy Practices*, including _____

However, because of _____

I was unable to obtain my patient's acknowledgement.

Signature of Provider _____

Date _____