



400 Bald Hill Rd., Suite 530 Warwick, RI 02886
7 Austin Ave. Greenville RI 02828
1 Richmond Square, Suite 321W Providence, RI 02906
(401) 349-3131, Fax (401) 921-5109
www.gershonpsych.com

Acknowledgement of Receipt of Notice of Privacy Practice

I, _____, have received a copy of this Office's Notice of Privacy Practices.

Patient name: _____

Signature: _____ Date: _____

It is your right to refuse to sign this document

For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Practices was not obtained:

_____ **Patient refused to sign.**

_____ **Communication barriers prohibited obtaining the acknowledgement.**

_____ **An emergency situation prevented this office from obtaining it.**

_____ **Others:** _____