

The Center for Psychological Counseling Services, Inc.
5124 Hollywood Boulevard
Hollywood, FL 33021
Tel: (954)894-1174 & Fax: (954)965-4597

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of The Center for Psychological Counseling Services, Inc. or its Designees (the "Practice"). Our Notice of Privacy Practices provides information about how we may use and disclose your protected psychological/mental health information. We encourage you to read it in full.

If you have any questions about our Notice of Privacy Practices, please contact our compliance officer at:

Compliance Officer
The Center for Psychological Counseling Services, Inc.
5124 Hollywood Boulevard, Hollywood, FL 33021
Telephone Number: (954)894-1174 or Facsimile (954)965-4597

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting the Compliance Officer at the above address.

I read and acknowledged all previously mentioned items and acknowledge receipt of the Notice of Privacy Practices of the Center for Psychological Counseling Services, Inc., or its Designees:

Signature: _____ Date: _____

OR

Parent/Guardian of Minor Signature: _____ Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individuals acknowledgment, describe the good faith efforts made to obtain the individuals acknowledgement, and the reasons why the acknowledgment was not obtained:

Signature of provider representative: _____ Date: _____

An acknowledgement was not obtained because:

Patient refused to sign.

Patient was unable to sign or initial because: _____

Other reasons: _____