



**SOUTH COUNTY
PSYCHOLOGICAL, INC.**
Finding solutions and feeling better.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of South County Psychological, Inc.'s
(Please Print Name)

Notice of Privacy Practices.

(Signature)

(Date)

For Office Use Only

South County Psychological, Inc. attempted to obtain written acknowledgement of receipt of his/her Notice of Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ An emergency situation prevented him/her from obtaining the acknowledgement
- _____ Other (specify)

