

Counseling and Assessment Practice of Fairfax, LLC

3925 Old Lee Highway
Fairfax VA 22030
(571) 354-0844

CLIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
(You may refuse to sign this acknowledgement)

I, _____, have received a copy of the Notice of Privacy Practices from Counseling and Assessment Practice of Fairfax.

Patient/Parent/Guardian Signature _____

Printed Name _____

Date _____

For Office Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

- ___ Client/Individual refused to sign (date of refusal)
- ___ Communication barriers prohibited obtaining an acknowledgement
- ___ An emergency situation prevented us from obtaining an acknowledgement
- ___ Other _____

Attempt was made by: _____

Date: _____

Explain: _____