



Community Mental Health Services  
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## 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.

\_\_\_\_\_  
Signature of Client (or Parent/Guardian)

\_\_\_\_\_  
Date

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For Office Use Only

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

Name of Patient: \_\_\_\_\_ Date of Refusal: \_\_\_\_\_

☐ Communication barriers prohibited obtaining an acknowledgement.

☐ An emergency situation prevented us from obtaining an acknowledgement.

☐ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attempt was made by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising Psychologist

Date: \_\_\_\_\_