



Acknowledgment of Receipt of Privacy Notice

I acknowledge that I have received a copy of the Notice of Privacy Practices of ICT Therapyworks.

(signature of client/client representative)

(date)

(relationship to client)

Documentation of Good Faith Efforts

Client name _____

Date _____

The client presented to the facility on the state and was provided with a copy of the Notice of Privacy Practices of ICT Therapyworks. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, subject acknowledgment was not obtained because:

- Client refused to sign
- Client was unable to sign or initial because: _____
- Client had a medical emergency and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other: _____

Signature of employee completing form _____