PENINSULA ASSOCIATES

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICIES AND PRACTICES

I, _____, have received a copy of Peninsula Associates' Notice of Privacy Policies and Practices and authorize use and disclosure of my or my child's health information for treatment, payment and healthcare operations.

_____

Print Name

_____

Signature Date

_____

Relationship to Client

_____

For Office Use Only

____ Photocopy of signed acknowledgement of receipt provided to client or parent Date: _____

We attempted to obtain written acknowledgement of receipt of this Notice of PA Privacy Policies and Practices but acknowledgement was not obtained because:

____ Individual refused to sign but has been given copy of Notice

____ Communication barriers prohibited obtaining acknowledgement

____ Other (describe) _____