

Daniel Bolton, LMHC
1151 Massachusetts Ave.
Cambridge, MA 02138

Daniel Bolton, LMHC

Privacy Practices Acknowledgment Form

Client Name: _____

I (print name) _____ hereby acknowledge that I have received a copy of the Daniel Bolton, M.A., LMHC's Notice of Privacy Practices (the Notice).

I understand that the Notice describes how Daniel Bolton, M.A., LMHC uses and discloses my medical and billing information. The Notice also describes my rights and how I can receive additional information.

Signature of Patient / Parent / Legal Representative	Date	Relationship to Patient
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Acknowledgment obtained by:

_____ Date

Please print name

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgment
- Other (please specify) _____

Date: _____