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Licensed Marriage & Family Therapist, MFC# 51673

Acknowledgment of Notice of Privacy Practices

Name of Client (please print)

Date of Birth

I hereby acknowledge that I received Marta Schmal's - Notice of Privacy Practices.

Signature of client or client representative

Date

Documentation of Good Faith Efforts
To obtain client's acknowledgment that he/she received provider's
Notice of Privacy Practices

(For use when acknowledgment cannot be obtained from the client)

The client presented to the office on _____ and was provided with a copy of Covered Entity's Notice of Privacy Practices. A good faith effort was made to obtain from the client a written acknowledgment of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- Client refused to sign.
- Client was unable to sign or initial because:

- The client had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other reason (describe below):

Marta H. Schmal, M.A., LFMT

Date