L. Gordon Psychotherapy
2718 Telegraph Avenue, Suite 210
Berkeley, CA 94704
510-761-5609
MFT#50459

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at *(510) 761-5609*.

If you have any questions about my *Notice of Privacy Practices,* please contact me at: *(510) 761-5609 or lgordonmft@gmail.com*.

I acknowledge receipt of the *Notice of Privacy Practices* of *L. Gordon Therapy, Loretta Gordon, MFT.*

Signature: _____Date: _____
(patient/parent/representative)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices, including _____. However, because of the following reason (s) _____ I was unable to obtain my patient's acknowledgement.

Signature of Provider:_____ Date: _____

Adopted from California Association of Marriage and Family Therapists 2003.