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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I _____, acknowledge
that I have received a copy of the Notice of Privacy Practices from Carol J. Stuart, Psy.D.

Signature of client (or personal representative)

Date

If this acknowledgment is signed by a personal representative on behalf of the client,
complete the following:

Personal Representative Name: _____

Relationship to Client: _____

For Office Use Only

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

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other (Please Specify)
-

This form is educational only, does not constitute legal advice, and covers only federal, not state,
law.