

Whitford-Thomas Group
David L. Thomas, Ph.D., LMHC

Notice of Privacy Practices Acknowledgement

Revised as of July 1, 2013

By law, I am required to make available to you a copy of our Notice of Privacy Practices, (“Notice”). By signing below you acknowledge that you received, or been offered and declined, a copy of Notice.

A current copy of the Notice is also posted in the office, or is available to you upon request. If the Notice is revised, you may review and obtain the new version at any time.

You may decline to sign this acknowledgement.

I have received or declined a copy of the Notice of Privacy Practices.

Patient Name (Print): _____

Signature of Patient or Legal Representative: _____

If Legal Representative, list relationship to Patient : _____

Date: _____

For Office Use Only

We were unable to obtain this written acknowledgement because:

Initials: _____

Date: _____