

COGNITIVE THERAPY ORANGE COUNTY

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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 California HIPAA Notice Form for Cognitive Therapy Orange County.

Signature of Patient

Date

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

Personal Representative's Name: _____

Relationship to the Patient: _____

FOR CTOC OFFICE USE ONLY

I attempted to obtain written acknowledgment of receipt of the California HIPAA Notice Form, but the acknowledgment could not be obtained because:

- The individual refused to sign it
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other (specify below)

This form will be retained in your medical record.