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ACKNOWLEDGEMENT OF RECEIPT

Our *Notice of Privacy Practices* provides information about how Connie McCullar may use and disclose your protected health information. You are encouraged to read it in full.

I acknowledge receipt of the *Notice of Privacy Practices-Connie McCullar*. I have been given the opportunity to ask questions and receive answers about this document.

Your signature below indicates that you have read and understand the information contained in this document.

Signature: _____
(Client/parent/conservator/guardian)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____ Date _____