

Professional Speech & Language Therapy, Inc.

Speech Therapy Services

1514 E. Cleveland Avenue, STE 200 East Point, GA 30344

Phone: (678) 608-9601 • Fax: 1 (800) 420-4398

Acknowledgment: Receipt of Notice of Privacy Practices

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

Name (please print): _____

Signature: _____

Date: _____

I am a parent or legal guardian of _____ (patient's name). I have received a copy of the Notice of Privacy Practices.

Name (please print): _____

Relationship to Parent: Parent Legal Guardian

Signature: _____

Date: _____

****For Office Use Only****

If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgement could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective January 1, 2013 given to individual on _____

In Person Mailing E-mail Other _____

Reason individual or parent/legal guardian did not sign this form:

- Refused
- Did not respond after more than one attempt
- Other

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

- In Person conversation _____
- Telephone Contact _____
- Mailing _____
- E-mail _____
- Other _____

Staff's Name (please print) _____ Title: _____

Signature: _____ Date: _____