

Couples and Family Wellness Center, LLC
1034 Beaumont Road
Berwyn, PA 19312
(610) 889-2089

**Acknowledgement of Receipt of
Notice of Privacy Practices**

By my signature below, I/we, _____,
acknowledge that I/we have received a copy of the Notice of Privacy Practices for
the Couples and Family Wellness Center.

Signature of client (or personal representative) _____
Date

Signature of client (or personal representative) _____
Date

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

Personal Representative's Name: _____

Relationship to Client _____

For Office Use Only

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

Individual refused to sign

Communications barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgement

Other (Please specify)

This form will be retained in your medical records