

**CAROLYN A. ALAIMO, Ph. D.**

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

My signature below indicates that I have received a copy of the Notice of Privacy Practices. I have read the privacy statement and have had an opportunity to ask and have answered any questions regarding this statement to my satisfaction.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Documentation of Failure to Obtain Signed Acknowledgment**

On \_\_\_\_\_ (date), \_\_\_\_\_ (therapist) presented this Acknowledgment of Receipt of Notice of Privacy Practices Form to \_\_\_\_\_ (client). The client refused to provide a signature when requested.