Tidelands Counseling

MATTHEW CHIRMAN, LMFT #39579, LPCC # 551. ELISE THOMPSON LMFT#96198.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I (Treatment Team) have given to you. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at 543-5060.

If you have any questions about my Notice of Privacy Practices, please contact me at: 543-5060.

I acknowledge receipt of the Notice of Privacy Practices of Tidelands Counseling.

Signature:_______________________________________ Date: ____________________
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices, including ____.

However, because of ____ I was unable to obtain my patient's acknowledgement.

Signature of Provider: ________________________________ Date: ____________________

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