

Dynamic Behavioral Consulting

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HIPAA Leaflet Acknowledgement

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF POLICIES AND PRIVACY PRACTICES YOU MAY REFUSE TO SIGN THIS DOCUMENT

The undersigned acknowledges receipt of a copy of the currently effective Notice of
Mental Health Practitioner's Policies & Privacy Practices.

A copy of this signed, dated Acknowledgement shall be as effective as the original.

Please print your name

Please sign your name

Date signed

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority.

If you have any questions about this form, or the attached Notice, please contact our privacy officer, Dr. Royce Jalazo.

Office Use Only

As a privacy officer, I attempted to obtain the patient's (or representative's) signature on this acknowledgment but did not because:

It was emergency treatment

The client refused to sign

The client was unable to sign because: _____

Other (Please describe):

Signature of Privacy Officer
