

MARY BETH PURI, LPCC

THE ART OF ED RECOVERY
262 E HAMILTON AVE, CAMPBELL, CA

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Date of Birth: _____

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that MARY BETH PURI has given to you. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice from me by contacting us at 208-250-2724.

If you have any questions about this Notice of Privacy Practices, please contact MARY BETH PURI at:

262 E HAMILTON AVE A-1
Campbell, CA 95008

I acknowledge receipt of the Notice of Privacy Practices of The Art of ED Recovery, Mary Beth Puri.

Signature: _____ Date: _____
(client/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The Art of ED Recovery made good faith attempts to obtain our client's acknowledgement of his or her receipt of our

Notice of Privacy Practices, including _____.

However, because of the following reasons _____

_____ we were unable to obtain our client's acknowledgement.

Signature of Provider: _____ Date: _____