

OC-PSYCHIATRIST, INC.

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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

You have the right to refuse to sign this Acknowledgement

I, _____ have received a copy of Dr. Morrow's Notice of Privacy Practices.
Print name here

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Dr. Morrow attempted to obtain acknowledgement of client's receipt of the Notice of Privacy Practices, however acknowledgement could not be obtained because

_____ Individual refused to sign

_____ An emergency situation prevented him from obtaining acknowledgement.

_____ Other (explain) _____
