Ildiko Tabori, PhD

Acknowledgement of Receipt of Notice of Privacy Practices

Section I

I, _____, acknowledge receipt of the Notice of Privacy Practices that explains limits on ways that the Office of Dr. Ildiko Tabori may use or disclose my PHI for mental health and other psychological services that are being provided by the Office of Dr. Ildiko Tabori, Dr. Ildiko Tabori or any employee or associate of the Office of Dr. Ildiko Tabori.

Signature: _____ Date: _____

Print Name: _____

If not signed by the patient, indicate relationship: _____

Note: legal guardians and conservators must show proof.

Section II

This section is to be completed only by Dr. Ildiko Tabori or any employee or associate of the Office of Dr. Ildiko Tabori.

The patient did receive a copy of the Notice of Privacy Practices, but did not sign this Acknowledgement of Receipt because:

_____ Patient left office before Acknowledgement could be signed.

_____ Patient does not wish to sign this form.

_____ Patient can not sign because: _____

The Patient did not receive a copy of the Notice of Privacy Practices because:

_____ Patient required emergency treatment.

_____ Patient declined the Notice and signing this Acknowledgement.

_____ Other: _____

Provider or Staff name: _____

Signature: _____ Date: _____