



Dr. Sheri M. Siegel
Licensed Psychologist

Acknowledgement of Receipt of Privacy Practices

I, _____, have received a copy of *Dr. Sheri Siegel's* Notice of Privacy Practices brochure.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

On _____ at _____, we made a good faith attempt to obtain a written acknowledgement of receipt of our NPP, but acknowledgement could not be obtained because of the following reason:

- ☐ Patient refused to sign
- ☐ Communication barriers prevented obtaining a receipt
- ☐ An emergency prevented obtaining a receipt
- ☐ Other: _____