



**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: \_\_\_\_\_