

Christine Wucherer, ACSW
Center for Work and Life, LLC
708 West Huron ST., Ste 5
Ann Arbor, MI 48103

**Acknowledgement of Receipt of Notice of Privacy
Practice**

I, _____ , have received a
copy of this Office's Notice of Privacy Practices.

Patient name: _____

Signature: _____

Date:

It is your right to refuse to sign this document

For Office Use Only:

The reason that a standard acknowledgment (such as the above) of the receipt of the Notice of Privacy Practices was not obtained:

_____ Patient refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement.

_____ An emergency situation prevented this office from obtaining it.

_____ Others: _____