

PDJ PSYCHOTHERAPY & CONSULTING, INC.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at (818) 990-9008.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 16055 Ventura Boulevard, Suite 721, Encino, CA 91436, (818) 990-9008.

I acknowledge receipt of the *Notice of Privacy Practices* of Dr. Patricia D. Johnson, DBA PDJ Psychotherapy & Consulting, Inc.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my *Notice of Privacy Practices*, including _____.
However, because of _____ I was unable to obtain my patient's acknowledgement.

Signature of Provider: _____ Date: _____