

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

***Counseling and Life Management: CALM  
Laura Doerflinger-Schneider, MS, LMHC***

Counseling and Life Management: CALM 8752 122<sup>nd</sup> Ave NE Kirkland, WA 98033 206-300-2550

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***

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