

Terasa L. Davis, Psy.D., PC

Acknowledgement of Receipt

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Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge receipt of my privacy rights from Terasa L. Davis, Psy.D., PC.

Signature of Patient/Personal Representative

Date

Printed Name of Patient/Personal Representative

Relationship to Patient

FOR OFFICE USE ONLY

We attempt to obtain written acknowledgement of receipt of our Notice of Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (please specify): _____