WOMEN'S & CHILDREN'S CENTER FOR MENTAL WELLNESS

PSYCHIATRY
7591 Fern Avenue, Suite 1705, Shreveport, LA 71105
T (318) 550-3398 **F** (318) 550-3481

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND POLICIES

In order to comply with HIPAA standards, each practice must obtain a signed acknowledgement that each direct treatment patient has received its Notice of Privacy Practices and Policies or must document a good faith effort to provide the Notice and receive a written acknowledgement of receipt. This will allow practices to use or disclose confidential information (protected health information) for treatment, payment, or healthcare operations.

I have reviewed a copy of the Notice of Privacy Practices from:

Women's & Children's Center for Mental Wellness
7591 Fern Avenue, Suite 1705
Shreveport, LA, 71105

Patient Signature: ______________________________ **Date:** ____________________

The authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

Name: ______________________________ Relationship to Patient: ________________

Signature: ____________________________________ Date: ____________________

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF OFFICE POLICIES AND PROCEDURES

I have received a copy of Women's & Children's Center for Mental Wellness Notice of Office Policies and Procedures. I understand and agree to abide by them and consent to receive treatment. I understand and agree to abide by the late cancellation and missed appointment policy.

Patient Signature: ______________________________ **Date:** ____________________

The authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

Name: ______________________________ Relationship to Patient: ________________

Signature: ____________________________________ Date: ____________________

FOR INTERNAL USE ONLY
If you were unable to obtain an Acknowledgement of Receipt or unable to obtain a signature for the Acknowledgement of Receipt, please state the reason below. Please include your name.