



Real Life Therapy

3750 Auburn Blvd., Suite C, Sacramento, CA 95821

Ph: (916) 426-1616 Fax: (866) 462-4494

www.RealLifeTherapy.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that Real Life therapy has given to you. Real Life Therapy's Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Real Life Therapy's Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice from Real Life Therapy by contacting us at (916) 426-1616, or on our website as www.RealLifeTherapy.com.

If you have any questions about our Notice of Privacy Practices, please contact us at: 3750 Auburn Blvd, Suite C, Sacramento, CA 95821. Phone: (916) 426-1616.

I acknowledge receipt of the Notice of Privacy Practices of Real Life Therapy and it's associated contracted therapists and interns.

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

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Signature of Provider: _____ Date: _____
Printed name of Provider: _____

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