



Acknowledgment of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that was given to you. FCS Notice of Privacy Practices provides information about how Family Consultation Services, Inc. (FCS) and there independent therapist may use and disclose your protected health information. FCS encourages you to read it in full.

FCS Notice of Privacy Practices is subject to change. If FCS changes this notice, you may obtain a copy of the revised notice from FCS by calling 619-280-3430.

If you have any questions about the Notice of Privacy Practices, please contact your therapist at: 2525 Camino del Rio South, Suite 315, San Diego, California 92108

I acknowledge receipt of the Notice of Privacy Practices of Family Consultation Services, Inc.

Signature: _____ Date: _____
Client/parent/conservator/guardian

Signature: _____ Date: _____
Client/parent/conservator/guardian

Therapist: _____ Date: _____

INABILITY TO OBTAIN ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my clients acknowledgment of his or her receipt of FCS Notice of Privacy Practices, including _____.

However, because of _____ I was unable to obtain my client's acknowledgment.

Signature of Provider: _____ Date: _____