

**Acknowledgement of Receipt of Notice of Privacy Practices
of South Shore Mental Health Counseling Services, P.C. and Associates**

I hereby acknowledge that I have received the Notice of Privacy Practices of the above practice. I am aware that an electronic copy of the Notice of Privacy Practices is available for me to review at SouthShoreMHC.com

Patient Signature

Date

Print Name

Office Use Only

Acknowledgment of Receipt of Notice of Privacy Practices was not obtained from patient (name)

_____ due to:

Patient refusal

Patient lack of understanding

Emergency

Other: specify

Staff Signature: _____

Date: _____

Staff Name: _____