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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES**

You have the right to refuse to sign this document

I, _____, have received a copy of this Office's
Notice of

Privacy Practices.

Patient's Printed Name _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

This Office attempted to obtain written acknowledgement of
receipt of the NOTICE of Privacy

Practices, however, we were unable to obtain it because:

_____ The patient refused to sign

_____ Communication barriers prohibited obtaining the
acknowledgement

_____ An emergency situation prevented this office from
obtaining the acknowledgement

Other (see below)

