

**Integrative Empowerment Group, PLLC**

**Acknowledgement of Receipt of Notice of Privacy Practices**

Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_

I hereby acknowledge that I have received a copy of Integrative Empowerment Group, PLLC's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

_____ <b>Signature of Client or Legal Representative</b>	_____ <b>Date</b>
_____ <b>Printed Name of Client's Representative (if applicable)</b>	<b>Relationship to Client (if applicable)</b> <input type="checkbox"/> Parent or guardian of unemancipated minor <input type="checkbox"/> Court appointed guardian <input type="checkbox"/> Executor or administrator of decedent's estate <input type="checkbox"/> Power of Attorney

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FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date, \_\_\_\_\_ but acknowledgment could not be obtained because:

- Client/representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement (will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other (Specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_