

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.

_____ Signature of Client or Legal Representative	_____ Date
_____ Printed Name of Client's Representative (if applicable)	Relationship to Client (if applicable) <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

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)

