**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**

_____________________________________________
**Printed Name of Client's Representative (*if applicable*)**

_______________________________
**Date**

**Relationship to Client (*if applicable*)**
☐ Parent or guardian of unemancipated minor
☐ Court appointed guardian
☐ Executor or administrator of decedent's estate
☐ 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)

______________________________________________________________________

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