Robert H. Tinker, Ph.D., P.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

To All Clients:

The available notice explains your rights as my client. There is a government regulation requiring us to spell out your rights, and that is what you will find in the available notice. Also, I am required to ask for your signature that says you were given or shown of copy of the notice. This signed form will be kept in your personal file in my office.

By my signature below, I, _____acknowledge that I received or was shown a copy of the Notice of Privacy Practices for Robert H. Tinker, Ph.D., P.C.

X_____ _____

Signature of client (or personal representative Date

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*If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's name:_____

Relationship to Client:_____

For Office Use Only:

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

____ Individual refused to sign

____ Communications barriers prohibited obtaining the acknowledgement

____ An emergency situation prevented us from obtaining acknowledgement

____ Other (please specify)

This form will be retained in your medical record.