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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received a copy of the Headrest Notice of Privacy Practices. I understand that Headrest has the right to change its Notice of Privacy Practices from time to time and that I may contact Headrest at any time to obtain a current copy of the Notice of Privacy Practices.

Client Name (Print)

Signature of Client/Legal Representative

Relationship to Client

Date

FOR OFFICE USE ONLY

PRINT PLEASE

I have attempted to obtain the patient's signature on this form, but was not able to for the following reason:

Date: Please document the reasons you were unable to obtain the signature.

Initials: