



Newport Center For Behavioral Medicine

1101 Dove Street, Suite 250  
Newport Beach, CA 92660

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, have received a copy of the HIPAA Notice of  
( Please Print Name )  
Privacy Practices.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
(Date)

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**NEWPORT CENTER FOR BEHAVIORAL MEDICINE attempted to obtain written acknowledgement of receipt of his/her Notice of Privacy Practices, but acknowledgement could not be obtained because:**

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ An emergency situation prevented him/her from obtaining the acknowledgment

\_\_\_\_\_ Other ( specify )

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