

Laura L. McGrady, Psy.D.

Notice of Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You have the right to refuse to sign this document.

I, _____, have received a copy of
Laura L. McGrady, Psy.D.'s Notice of Privacy Practices.

Patient's Printed Name: _____

Signature: _____

Parent's/Guardian's Printed Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Laura L. McGrady, Psy.D. attempted to obtain written acknowledgment of receipt of the
Notice of Privacy Practices, however, was unable to obtain it because:

_____ The patient refused to sign

_____ Communication barriers prohibited obtaining the
acknowledgment

_____ An emergency situation prevented this office from
obtaining the acknowledgment

Other (see below)

