



VCU

Center for Psychological Services and Development

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CLIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You May Refuse to Sign This Acknowledgement)

I have received a copy of the Notice of Privacy Practices for the Center for Psychological Services and Development.

Client Name (print)

Parent/Guardian or Authroized Representative Name (print)

Client or Parent/Guardian/Representative Signature

Date

For Office Use Only

We made a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices.

Acknowledgement could not be obtained for the following reason(s):

Client/Individual refused to sign (Date of refusal) _____

Communication barriers prohibited obtaining an acknowledgement

An emergency situation prevented obtaining an acknowledgement

Other _____

Attempt was made by: _____ Date: _____

Explanation: _____