



**ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge receipt of the Eastern Slope Counseling & Consulting, LLC (ESCC) Notice of Privacy Practices at:

Eastern Slope Counseling & Consulting, LLC
12220 State Highway 14 North, Unit 5; P.O. Box 319
Cedar Crest, New Mexico 87008

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Signature of Patient Representative: _____

Date: _____

Or Witness (if signature is by thumb print or mark) _____

Date: _____

Signature and Title of ESCC, LLC Staff: _____

Date: _____

For Patients Unable or Unwilling to Acknowledge Receipt:

I hereby certify that the patient was unable to acknowledge receipt of the ESCC Notice of Privacy Practices because: (e.g. refusal, specific communication barriers, or an emergency situation)

Signature of ESCC, LLC Staff: _____

Date: _____