



Behavioral Health and Education Specialists

Acknowledgment of Receipt of Notice of Privacy Practices

The undersigned acknowledges receipt of a copy of the current and effective Notice of Privacy Practices for Behavioral Health and Education Specialists, Inc. (BHES). A copy of this signed and dated document shall be as effective as the original.

Patient or Parent/Guardian/Representative Printed Name If not the patient, relation to patient

Patient or Parent/Guardian/Representative Signature Date

Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices from this patient or their parent/guardian/representative. Acknowledgment was unable to be obtained due to the following reason:

- The patient or parent/guardian/representative refused to sign
- The patient or parent/guardian/representative was unable to sign due to a communication barrier
- An emergency situation prevented obtaining a signature from the patient or parent/guardian/representative
- Other (please specify) _____

BHES Representative Printed Name

Date

BHES Representative Signature