



Health Services

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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By signing below, I acknowledge that Los Angeles LGBT Center has provided me with a copy of its Notice of Privacy Practices (revision date September 18, 2018).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This area is for staff use only.**

*Complete following if unable to obtain client signature on the Acknowledgment of Receipt of Notice of Privacy Practices.*

Describe the good faith efforts made to obtain the individual's acknowledgement:

Explain the reason(s) that the acknowledgement was not obtained:

Name of staff member: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OF NOTICE OF PRIVACY PRACTICES**

**Name:**

**PF #:**