

Resilience Counseling LLC  
5929 N May Ave, Suite 411  
Oklahoma City, OK 73112  
405.293.4483

**ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

Notice to Client:

We are required to provide you with a copy of our Notice of Privacy Practices. The notice states how we may use and/or disclose your health information.

Please sign this form to acknowledge receipt of the Notice of Privacy Practices.

You may refuse to sign this acknowledgment, if you wish.

**I acknowledge that I have received a copy of this office's Notice of Privacy Practices.**

\_\_\_\_\_  
Please print name here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this client, but it could not be obtained because:

- The patient refused to sign
- Due to an emergency situation, it was not possible to gain acknowledgement.
- We weren't able to communicate with the client.
- Other \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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