

Adrienne Pisoni, LMSW  
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## **Acknowledgment of Receipt of Notice of HIPAA Policy and Privacy Practices**

By signing below, I acknowledge that I have received the **Notice of HIPAA Policy and Privacy Practices** from Adrienne Pisoni, LMSW.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### **Documentation of Failure to Obtain Signed Acknowledgment**

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ presented this Acknowledgment of Receipt of Notice of Privacy Practices form to \_\_\_\_\_. The client refused to provide a signature when requested.

\_\_\_\_\_  
Signature