




PSYCHIATRIC
CONSULTANTS
OF FLORIDA, LLC

SPECIALIZING IN ADULT, CHILD AND ADOLESCENT,
FORENSIC PSYCHIATRY AND ADDICTION MEDICINE



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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a
copy of this office's Notice of Privacy Practices

PRINT NAME

SIGNATURE

DATE

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices,
but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other _____

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AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
DIPLOMATE OF THE
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