Christy Sorden, LPC
4760 Flintridge Drive, Suite 250
Colorado Springs, CO 80918
Cell: 719-351-3155
Email: christy@sordencounseling.com
Website: www.sordencounseling.com

Acknowledgement of Receipt of Notice of Privacy Practices

By my signature below, I _____, acknowledge that I received a copy of the Notice of Privacy Practices for Christy Sorden, LPC.

_____ _____

Signature of client (or personal representative) Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to the Client: _____

For Office Use Only

I 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 (please specify)

_____
_____
_____