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Psychotherapy Associates of Broward  
7450 Griffin Road  
Davie, Florida  
Suite 250  
33314

## NOTICE OF PRIVACY PRACTICES

As a practice of this office all individuals have a right to confidentiality. If a therapist is concerned about a client that is attending appointments in this office or of another related individual the client will be notified of these concerns. If there is a life threatening emergency other measures may need to be considered to insure the best possible client care. Each therapist will discuss this with any new client attending sessions.

If we change our notice, you may obtain a copy of the revised notice by contacting the Compliance Officer at the above address.

I read and acknowledged all previously mentioned items and acknowledge receipt of the Notice of Private Practice Psychotherapy Associates of Broward

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

OR  
Parent/Guardian of Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if a signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider \_\_\_\_\_ Date: \_\_\_\_\_

An acknowledgement was not obtained because:

Patient was unable to sign or initial because: \_\_\_\_\_