



Child Advocacy & Parent Empowerment Services
Deanna Walsh-Bender, M.S.Ed., L.M.S.W.

**Acknowledgement of Receipt of Deanna Walsh-Bender, M.S.Ed., L.M.S.W./CAPES
Child Advocacy & Parent Empowerment Services & CAPES Staff
Notice of Privacy Practices**

The Health Insurance Portability & Accountability Act requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain a signed acknowledgement form from you.

By signing this form, you acknowledge that you have received a copy of the Notice of Privacy Practices of the above named practice.

Print Your Name: _____

Sign Your Name: _____

Date: _____

Office Use Only

Written acknowledgement was not obtained.

- Client refused to sign
- Emergency situation
- Other

Client: was was not offered & did did not accept a copy of written Privacy Practices:

Staff Name: _____ Staff Signature: _____

Date: _____