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Acknowledgment of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that was given to you. Notice of Privacy Practices provides information about how Debbie Tessmer-Wagner, MA, LMFT, may use and disclose your protected health information. I encourage you to read it in full.

Notice of Privacy Practices is subject to change. If it changes, you may obtain a copy of the revised notice from Debbie Tessmer-Wagner, MA, LMFT by calling 619-507-2936.

If you have any questions about the Notice of Privacy Practices, please contact me at 3633 Camino del Rio South, Suite 102, San Diego, CA 92108.

I acknowledge receipt of the Notice of Privacy Practices.

Signature _____ Date _____
Client/Parent/Conservator/Guardian

Signature _____ Date _____
Client/Parent/Conservator/Guardian

INABILITY TO OBTAIN ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my client's acknowledgment of his or her receipt of Privacy Practices, including _____.

However, because of _____, I was unable to obtain my client's acknowledgment.

Signature of Provider _____ Date _____