

# Becky J. Morehead, MA

Licensed Counselor and Therapist

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and the greater eastside

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conscious choices for  
joyful living

## 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 Becky J. Morehead, M.A., LMHC

\_\_\_\_\_  
Signature of client (or personal representative/parent)

\_\_\_\_\_  
Date

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

Personal Representative's Name: \_\_\_\_\_

Relationship to 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 barrier prohibited obtaining the acknowledgement
- \_\_\_ An emergency situation prevented us from obtaining acknowledgement
- \_\_\_ Other (Please Specify): \_\_\_\_\_

This form will be retained in your medical record.