



**Notice of Privacy Practices
Behavioral Health Addendum:
Patient Acknowledgment**

I acknowledge I have received the Notice of Privacy Practices Behavioral Health Addendum of HealthPOiNT.

Name: _____
[Print Name of Patient/Patient Representative]

Date: ____/____/____

By: _____
[Signature of Patient/Patient Representative]

[If Signed by Patient Representative, Indicate Relationship to Patient]

If it is not possible to obtain the individual’s Acknowledgment, describe the good faith efforts made to obtain the individual’s Acknowledgment, and the reasons why the Acknowledgment was not obtained:

By: _____
[Signature of Center Representative]

Date: ____/____/____

Name: _____
[Print Name of Center Representative]

Title: _____
[Print Title of Center Representative]