

Peter J. Somers, Ph.D., LP

Psychological Consultation / Assessment / Teletherapy

16 North Shore Drive
Winnebago, MN 56098
petersomers.com

612-396-1699
Fax: 507-893-3031

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 Peter J. Somers, Ph.D., L.P.

Signature of client (or guardian)

Date

**If this acknowledgement is signed by a parent or guardian on behalf of the client, complete the following:*

Guardian's Name: _____

Relationship to Client: _____

This form will be retained in the medical record.

For Office Use Only

An attempt was made to obtain written acknowledgement of receipt of my Notice of Privacy Practices on the following date _____, but a signature could not be obtained because:

- _____ Individual or guardian refused to sign
- _____ Communication barriers prevented acknowledgement
- _____ An emergency situation prevented acknowledgement
- _____ Other (specify) _____

