

Sandra Braun

LICENSED MARRIAGE & FAMILY THERAPIST

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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at 310-488-6835.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 310-488-6835.

I acknowledge receipt of the *Notice of Privacy Practices* of **Sandra Braun, LMFT**

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

For Office Use Only

**INABILITY TO OBTAIN ACKNOWLEDGEMENT
OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices, including However, because of _____

I was unable to obtain my patient's acknowledgement.

Signature of provider: _____ Date: _____