



## Family and Medical Counseling Service, Inc. (FMCS)

### ***RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM***

I, \_\_\_\_\_ have received a copy of the Notice of Privacy Practices for Family and Medical Counseling Service, Inc.(FMCS).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Consumer

\_\_\_\_\_  
Date

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please specify)

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