

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

YOU MAY REFUSE TO SIGN THIS

By signing below, I am stating that I have received a copy of the Nevada Division of Public and Behavioral Health's Notice of Privacy Practice:

Please Print Name

Signature

Date

FOR OFFICIAL USE ONLY

An attempt to obtain written acknowledgement of Receipt of the Nevada Division of Public and Behavioral Health's Notice of Privacy Practices was attempted, however acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other
-
-
-
-