

Dotson Consulting and Counseling, Inc.
P.O. Box 2158 Cornelius, NC 28031
(704) 892-2254 Phone (704) 892-0366 Fax

Privacy Form

Acknowledgement of Receipt of Notice of Privacy Practices

Name: _____ **Record #:** _____

I understand that Amy Dotson, MSW, LCSW is a healthcare provider and may share my health information for treatment, payment, and healthcare operations. I have been given a copy of the organization's Notice of Privacy Practices that describes how my health information is used and shared. I understand that Amy S. Dotson, MSW, LCSW has the right to change this notice at any time. I may obtain a current copy by contacting the Privacy Officer at 704-516-1168.

My signature below constitutes my acknowledgement that I have been provided with a copy of the Notice of Privacy Practices.

If any person is physically unable to provide a signature OR signs with a mark, print his/her name on the appropriate line below and record the signatures of two responsible persons who witness that such person understands the nature of this acknowledgement.

If patient is not capable of acknowledging the notice because of age or medical condition, complete the following:

Patient is a minor (____years of age) OR Patient is unable to acknowledge because _____.

Patient/Legal Guardian Signature	Date	Relationship to Patient
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Witness	Date	Witness	Date
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For Dotson Consulting and Counseling, Inc use only:
Version given: _____

Patient did not sign due to: _____