

Nevada Division of Public & Behavioral Health  
Community Health Services Program

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

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I have received a copy of this office's Notice of Privacy Practices:

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

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

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**FOR OFFICE USE ONLY**

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A written acknowledgement of Receipt of our 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