Megan Bearce, LMFT, LLC

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

By my signature below, I,	
acknowledge that I received a copy of the Notice of Priva	cy Practices from Megan Bearce, LMFT.
Signature of client (or personal representative)	Date
Signature of client (or personal representative)	Date
If this acknowledgement is signed by a personal repr complete the following:	resentative on behalf of the client,
Name:	
Relationship to Client:	
For Office Use C	Only
I attempted to obtain written acknowledgement of recei acknowledgement could not be obtained because:	pt of the Notice of Privacy Practices, but
Individual refused to sign Communication barriers prohibited obtaining a An emergency situation prevented us from obtaining of the Communication prevented us from obtaining and the communication prevented us from the communication prevented us from the communication prevented us from the communication prevented used to be communication and the communication prevented used to be computed as a communication prevented used to be communication and the comm	•
This form will be retained in your clinical chart.	