



# APPLIED BEHAVIORAL INTERVENTIONS

ABA / PSYCH / PT / OT / SLP & SW, pllc.  
www.abisvc.com (646) 666-3088

## Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Applied Behavioral Interventions' (ABI) health care operations. The Notice of Privacy Practices also describes my rights and ABI's duties with respect to my protected health information. The Notice of Privacy Practices is posted in ABI's office and on ABI's website at [www.abisvc.com](http://www.abisvc.com).

ABI reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing ABI's website.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

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**ABI staff should complete if Acknowledgement Form is not signed:**

Does patient have a copy of the Notice of Privacy Practices?       Yes       No

Please explain why the patient was unable to sign the acknowledgement and ABI's efforts in trying to obtain patient's signature.

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