

Central Texas Mental Health  
1717 North IH-35, Suite 200  
Round Rock, Texas 78664

512-964-6992 (Phone)

512-610-5679 (Fax)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY  
PRACTICES

**\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\***

I, \_\_\_\_\_ have received a copy of the Notice  
of Privacy Practices for Central Texas Mental Health.

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Print Person's Name Responsible (if patient is under 18)

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Today's Date

**Office Use ONLY**

We attempted to obtain written acknowledgement of our receipt of our Notice of Privacy  
Practices but 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 (Please Specify)

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date