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

By signing this form, you acknowledge receipt of and review of the Notice of Privacy Practices that I have provided to you on my website. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change. The most recent version will always be on my website [www.maryannhartnett.com](http://www.maryannhartnett.com) in the HIPPA section. If I change my notice, you may obtain a copy of the revised notice on my website or from me by contacting me at the email address above.

I acknowledge that I have reviewed the Notice of Privacy Practices of Mary Ann Hartnett, Ph.D., LCSW

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client/parent/conservator/guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client/parent/conservator/guardian

**INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I made good faith attempts to obtain my patient's acknowledgement of his/her receipt of my Notice of Privacy Practices, including (describe good faith attempts):

\_\_\_\_\_  
\_\_\_\_\_

However, because of (describe reasons why acknowledgement was not obtained) I was unable to obtain my client's acknowledgement.

\_\_\_\_\_  
\_\_\_\_\_

Signature of provider: \_\_\_\_\_ Date: \_\_\_\_\_