

ANDREW D. MORROW, MD
26932 Oso Parkway, Suite 200
Mission Viejo, CA 92691
Phone: (949) 701-1528 Fax: (949) 348-9626
E-mail: drmorrow@oc-psychiatrist.com Website: www.oc-psychiatrist.com

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

You have the right to refuse to sign this Acknowledgement

I, _____ have received a copy of Dr. Morrow's Notice of Privacy Practices.
Print name here

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Dr. Morrow attempted to obtain acknowledgement of client's receipt of the Notice of Privacy Practices, however acknowledgement could not be obtained because

_____ Individual refused to sign

_____ An emergency situation prevented him from obtaining acknowledgement.

_____ Other (explain) _____
