

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
THE SPEECH PATHOLOGY CENTER OF LOUISIANA, LLC**

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **The Speech Pathology Center of Louisiana, LLC's** "NOTICE OF PRIVACY PRACTICES", revision date 9/8/2010.

As required by the Privacy Regulations, _____ from **The Speech Pathology Center of Louisiana, LLC** has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that **The Speech Pathology Center of Louisiana, LLC** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

- I wish to file a "Request for Restriction" of my Protected Health Information.
- I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- I wish to object to the following practices in the "Notice of Privacy Practices":

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices".

Signature

Date

Print Name

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

The following effort was made to obtain receipt: (Describe)
