

Shelly Royalty, Psy.D., M.Div.

Notice of Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You have the right to refuse to sign this document.

I, _____, have received a copy of Shelly Royalty, Psy.D., M.Div.'s Notice of Privacy Practices.

Patient's Printed Name: _____

Signature: _____

Parent's/Guardian's Printed Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Shelly Royalty, Psy.D., M.Div. attempted to obtain written acknowledgment of receipt of the Notice of Privacy Practices, however, was unable to obtain it because:

_____ The patient refused to sign

_____ Communication barriers prohibited obtaining the acknowledgment

_____ An emergency situation prevented this office from obtaining the acknowledgment

Other (see below)
