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

By signing this form, you acknowledge receipt of the Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our Privacy Officer at 208-384-0884.

**I acknowledge receipt of the Notice of Privacy Practices of Robert C. Engle Ph.D, PLLC.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Inability to Obtain Acknowledgement**

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

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**Signature of Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_