

**IDEAL LIVING PSYCHOLOGY CENTER, INC.**  
**9220 Haven Avenue, Suite 100, Rancho Cucamonga, CA 91730**

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

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that Ideal Living Psychology Center (ILPC) has given to you. ILPC's *Notice of Privacy Practices* provides information about how ILPC may use and disclose your protected health information. We encourage you to read it in full.

The *Notice of Privacy Practices* is subject to change. If ILPC changes its Notice, you may obtain a copy of the revised Notice from your therapist, the ILPC website or by contacting ILPC at (909) 758-1743.

If you have any questions about the *Notice of Privacy Practices*, please contact your therapist at:  
9220 Haven Avenue, Suite 100, Rancho Cucamonga, CA 91730 or call the office at (909) 758-1743.

I acknowledge receipt of the *Notice of Privacy Practices* for ILPC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(patient/parent/conservator/guardian)

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

I, \_\_\_\_\_, (ILPC clinician) made good faith attempts to obtain this patients acknowledgement of his/her receipt of the *Notice of Privacy Practices*, including:

- request in person, which client refused.
- request in person, to which client was unable to comply due to injury or incapacitation.
- request sent through the mail, to which I have received no response from the client.
- request via phone calls and/or voicemail to which I have received no response from the client.

I was unable to obtain the client's acknowledgement.

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_