

**Rebecca Toner, M.A., MFT**  
**Licensed Marriage and Family Therapist**  
**(530) 588-7440**

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

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full. My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at:

**Rebecca Toner, MFT**  
**1291 Lincoln Way**  
**Auburn, CA 95603**  
**530-588-7440 |**[\*\*Rebeccatonermft@gmail.com\*\*](mailto:Rebeccatonermft@gmail.com)

If you have any questions about my *Notice of Privacy Practices*, please contact me at the phone number or email address listed above.

I acknowledge receipt of the *Notice of Privacy Practices* of Rebecca Toner, MFT.

Signature: \_\_\_\_\_

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

(patient/parent/conservator/guardian- **please circle one**)

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

I made good faith attempts to obtain my patients acknowledgement of his or her receipt of my Notice of Privacy Practices, including \_\_\_\_\_

However, because of \_\_\_\_\_

I was unable to obtain my patient's acknowledgement.

Signature of Provider \_\_\_\_\_

Date \_\_\_\_\_