

**DAVID M. CRONINGER, DMIN, LMFT, LADC, CSAT, CMAT  
5100 N. BROOKLINE AVE., SUITE 620  
OKLAHOMA CITY, OK 73112**

**ACKNOWLEDGMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

Notice to Patient:

- We are required to provide you with a copy of our Notice of Privacy Practices. The notice states how we may use and/or disclose your health information.
- Please sign this form to acknowledge receipt of the Notice.
- You may refuse to sign this acknowledgment, if you wish.

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**I acknowledge that I have received a copy of this office's Notice of Privacy Practices.**

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Please print your name here

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Signature

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Date

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**FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient, but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation, it was not possible to obtain an acknowledgment.
- We weren't able to communicate with the patient.
- Other (please provide specific details)

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Therapist Signature

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Date