



UMSL - Center for Behavioral Health Acknowledgment of Receipt of Notice of Privacy Practices and Request for Confidential Communication

Client Name _____

By signing below, I acknowledge that I have received a copy of the UMSL – Center for Behavioral Health’s (CBH) Notice of Privacy Policies.

Should CBH staff need to contact me, I want CBH to contact me by telephone at the telephone numbers listed below:

Phone: _____(home)	CBH may leave a voicemail message
	CBH may leave a message with another person
Phone: _____(cell)	CBH may leave a voicemail message
	CBH may leave a message with another person
Phone: _____(work)	CBH may leave a voicemail message

Please note: Messages will not be left with another person at your work number. If you choose that you do not want a message left on your voicemail, we cannot leave you a message should an appointment need to be canceled.

Should CBH need to contact me, I want CBH to contact me by electronic mail at the following address
Email: _____

All emails will be exchanged through a secure web portal; no private information and no emails identifying the sender as CBH will be sent directly to your personal email.

Should CBH need to contact me by ground mail, I want CBH to contact me at the following address:

(Address, City, State and Zip Code)

X

Client's Signature

Date

X

Parent/Legal

Guardian's Signature **Date**

(Required if client is under 18 or legal ward)

Date
X

Witness's Signature

Date

Below this line is for Office Use Only

On _____, an Acknowledgement of Receipt of Notice of Privacy Policies from was delivered. The form was not signed due to (check one of the following options below)

_____ Communication barriers which prevent acknowledgement



_____ An emergency which prevented acknowledgement
_____ A refusal to sign
_____ Other _____

Staff Signature

Date

Supervisor notified: _____
name

Date Supervisor's