

Devan Armstrong MS, LMFT  
Privacy Notice Acknowledgment Form

By signing this form I acknowledge that I have received the Notice of Privacy Practices. I have the right to review the Notice of Privacy Practices prior to signing this acknowledgment form. Devan Armstrong MS, LMFT, has the right to change the Notice of Privacy Practices from time to time. The revised Notice of Privacy Practices will be posted within the office, on the web site, and paper copies will be available at the check-in point.

**Patient Name:** \_\_\_\_\_

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

**Signature of Patient  
or Guardian:** \_\_\_\_\_

**Relationship to the Patient:** \_\_\_\_\_

*For Office Use:*

For failure to obtain acknowledgment, check the appropriate reason:

- Substantial communication barriers
- Refusal to sign
- Other \_\_\_\_\_

Description:

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Staff Signature:

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

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