

**QUALITY BEHAVIORAL HEALTH, INC.
75 Lambert Lind Highway
Warwick, RI 02886**

NOTICE OF PRIVACY PRACTICE WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of Quality Behavioral Health, Inc.'s Notice of Privacy Practices.

Signature

Date

Signature of Legal Guardian

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date Staff Initials Reason