

**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