

**Kim Roser-Kedward, LCSW**

Licensed Clinical Social Worker (22405)

3633 Camino del Rio South, Suite 102

San Diego, CA 92108

Ph. (619) 379-7450

**Acknowledgement of Receipt of Notice of Privacy Practices**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**By signing below, I hereby acknowledge receipt of Kim Roser-Kedward's, LCSW, Notice of Privacy Practices.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
**For Therapist Use Only:**

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

Kim Roser-Kedward, LCSW has made good faith efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practice, but has been unable to obtain it. The following efforts were made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The written acknowledgement was unable to be obtained for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_