Cheri Tarutani, LLC

P.O. Box 235361, Honolulu, Hawaii 96823 ◇ cheri.tarutani@gmail.com ◇ (808) 391-6078

Acknowledgement of Privacy Practices

Name: _____
(Last) (First)

Birth Date: _____ /_____ /_____ Date: _____ /_____ /_____

I hereby acknowledge that I have received and/or have been given an opportunity to read a copy of Cheri Tarutani's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Cheri Tarutani, LCSW.

_____
Signature of Client

FOR OFFICE USE ONLY: I have made every effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices from this client but it could not be obtained because:

- ○ The client refused to sign.
- ○ Due to an emergency situation it was not possible to obtain an acknowledgement.
- ○ Other (Please provide specific details.)

_____ Date: _____ /_____ /_____
Signature of Cheri Tarutani, LCSW