

Notice of Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices and I have been provided the opportunity to review it.

Client Name (Print): _____

Client Date of Birth (mm/dd/yyyy): _____

Client ID: _____

Signature: _____ Date: _____
(CLIENT)

Signature: _____ Date: _____

(LEGAL REPRESENTATIVE, IF PRESENT)

If you are the legal representative, please check one of the following:

____ Power of Attorney (attach copy) ____ Parent of a Minor
____ Guardianship Order (attach copy) ____ Other: _____

Client refused to accept a copy of "Notice of Privacy Practices"

Client Refused to Sign "Notice of Privacy Practices"

Staff Initials: _____ Date: _____