

Receipt and Acknowledgment of Notice of Privacy and Confidentiality Practices

Please print the acknowledgement confirming receipt of privacy policy below. Sign and date the receipt and bring to your first meeting. We will keep a copy in your file and suggest you keep a copy for yourself.

CLIENT NAME (please print)

DOB

I hereby acknowledge that I have received and have been given an opportunity to read a copy of The Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Karin Lewis at (857) 243-0056.

CLIENT SIGNATURE

DATE

SIGNATURE OF PARENT, GUARDIAN or PERSONAL REPRESENTATIVE*

DATE

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.):

Client refuses to Acknowledge Receipt:

SIGNATURE OF CLINICIAN

DATE