

RECEIPT OF NOTICE OF PRIVACY OF INFORMATION POLICIES

I, _____, hereby acknowledge receipt of the Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information.

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

I understand that my therapist has reserved the right to change the privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available.

Client name (please print): _____

Signature: _____ Date: ____ / ____ / ____

Signed by: ___ client ___ guardian ___ personal representative