

**Notice of Privacy Practices
Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have been given an opportunity to read a copy of Notice of Privacy Practices (Posted in waiting room office). I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Gary Kamens].

Signature of Patient/Client **Date**

Signature or 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.)

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member **Date**