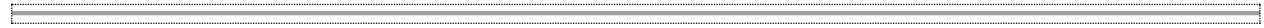




**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT OF RECEIPT**



Client Name: _____

Date of Birth: _____

I acknowledge that I have received a copy of the **Notice of Privacy Practices** (NPP) for this practice. I understand that it describes how my health information may be used and disclosed and explains my rights.

This acknowledgment includes receipt of any attached appendices to the NPP.

Client Signature: _____

Date: _____



For Office Use Only (if client declines to sign):

Reason acknowledgment was not obtained:

RN Signature: _____ **Date:** _____