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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY RIGHTS

I _____, hereby acknowledge
(Print: client's name)

that I have received a copy of the provider's Notice of Privacy Rights.

X _____
Signature *Date*

(If not the client, print name and state legal authority to sign for client)

----- *For Provider Use Only* -----

The Notice of Privacy Rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgment because:

- The client refused to sign.
- The legal guardian refused to sign.
- The client was incapable of signing.
- Other: _____.

Provider's Signature

Date

Print Provider's Name