

**BARRY ERDMAN, LCSW, DCSW**  
**Adult, Couple and Family Psychotherapy**  
**3450 Penrose Place Suite 210 • Boulder CO 80301-1810**  
**be@BoulderTherapist.com • www.BoulderTherapist.com**  
**Office: 303 444-1404 • Fax: 303 444-3491 • Cell: 303 444-1666**

**Receipt and Acknowledgment of Notice of Privacy Practices**

**Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

I hereby acknowledge that I have received or have been given an opportunity to read a copy of Barry Erdman, LCSW, DCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Barry Erdman, LCSW, DCSW at 3450 Penrose Place, Suite 210, Boulder CO 80301-1810, 303 444-1404, be@BoulderTherapist.com.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature or Parent, Guardian or Personal Representative\*

\_\_\_\_\_  
Date

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

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

Patient/Client Refuses to Acknowledge Receipt.

\_\_\_\_\_  
Barry Erdman, LCSW, DCSW

\_\_\_\_\_  
Date