Client/Patient Name (please print):

By signing below, I am acknowledging that I have received a copy of the **Notice of Privacy Practices**

Signature Date

If this acknowledgement is completed by a parent/guardian/authorized agent on behalf of the client/patient, complete the following:

Parent/Guardian/Authorized Agent’s Name (please print)

Please check one of the following:

Parent/Guardian

Authorized Agent

**TO BE COMPLETED BY WORKFORCE MEMBER**

***Complete all applicable parts below if a signature is not obtained above.***

Workforce member sought but was unable to obtain an acknowledgment from the client/patient or the client/patient’s parent/guardian/authorized agent for the following reason:

Individual refused to sign form

Other:

Workforce member completing form:

Signature Date

Print name