

Therapeutic Guidance, LLC

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201-491-4896*

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices with Therapeutic Guidance LLC. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Secretary of Health and Human Services at 202-619-0257.

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**