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RECEIPT OF PRIVACY PRACTICES

Written Acknowledgement of Receipt of Privacy Practices

Client Name: _____

Date of Birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jennifer Jencks, LICSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jennifer Jencks, LICSW.

Signature of Client

Date

Signature of 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.).

- Client Refuses to Acknowledge Receipt:

Witness of Refusal

Date