

**NOTICE OF PRIVACY PRACTICES  
RECIPT AND ACKNOWLEDGEMENT OF NOTICE**

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

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

I hereby acknowledge that I have been provided a copy of Fran L. Friedman, Ph.D's Notice of Privacy Practices and the opportunity to read the document. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Friedman or the Privacy Officer in the Office.

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**Signature of Client** **Date**

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**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**

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**Name of Staff Member/Witness** **Date**