

Acknowledgment of Receipt Privacy Practices

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Notice of Privacy Practices for Beth Lorell, LCSW, MPH. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer in writing at 444 Community Drive, Suite 207, Manhasset, NY 11030.

Client Signature

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:

Signature of Staff Member Date