

**Acknowledgment of Receipt of Notice of Privacy Rights**

Name of Client \_\_\_\_\_

I hereby acknowledge that I have received a copy of the provider's Notice of Privacy Rights.

\_\_\_\_\_  
Signature of Client or Legal Guardian

Date \_\_\_\_\_

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**For Provider Use Only:**

The Notice of Privacy rights was presented to the client or legal guardian today, but the client or legal guardian did not sign this acknowledgment because:

- Client refused to sign
- Legal guardian refused to sign
- Client was incapable of signing
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider

Date \_\_\_\_\_