

Marsha L. Getter, LICSW

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Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: _____
DOB: _____
SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Neponset Valley Counseling Center's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Marsha Getter for information.

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:

Witness **Date**