



Receipt of Notice of Privacy Practices

Find Balance, Build Your Strengths, and Achieve Mental Well-Being.

Name: _____ DOB: _____

We are required by law to maintain the privacy of, and attempt to provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with a member of our team in person or by phone at our phone number.

Signature below is acknowledgement that you were presented with, and offered a copy of, our Notice of Privacy Practices:

Patient/Guardian Name: _____

Print Name: _____

Signature: _____

Date: _____