

Acknowledgement of Receipt of Joint Notice of Privacy Practices

I, Andrea Guzman, MFC#45958, have the responsibility to maintain the privacy of your protected health information. I am required to provide a Joint Notice of Privacy Practices, which describes the privacy practices. You are allowed to request restrictions on the use or disclosure of your protected health information. You have the right to access or amend your (or your child's) mental health records, and to obtain an accounting of certain disclosures of your protected health information.

I will not use or disclose your (or your child's) health information without your authorization except as described in our Joint Notice of Privacy Practices.

In addition, I reserve the right to change the privacy practices and to make the new provisions effective for the health information we maintain. If the privacy practices change, a revised notice will given to you.

Please acknowledge that you received the Joint Notice of Privacy Practices.

Signature of Parent or Legal Representative

Date

Client's Name

Name of Legal Representative

Please check the box that applies if unable to obtain a signature:

- Parent/Legal Representative received Joint Notice of Privacy Practices but refused to sign acknowledgement of receipt.
- Parent/Legal Guardian unavailable to acknowledge receipt of Joint Notice of Privacy Practices.

