



# Center for Family Guidance, PC

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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I, \_\_\_\_\_, have received a copy of Center for Family Guidance's Notice of Privacy Practices, Grievance Procedure and Patient Rights.

\_\_\_\_\_  
Please print patient's name

\_\_\_\_\_  
If patient is a minor name of person signing

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date