



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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