

Owen Bolton's

NOTICE OF PRIVACY PRACTICES

RECEIPT AND ACKNOWLEDGEMENT OF NOTICE

Name of Patient/Client: _____

Date of Birth: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Owen Bolton's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact:

Owen Bolton, LMSW, ACSW.
Minges Brook Counseling Service
9 Heritage Oak Lane
Suite 9
Battle Creek, MI. 49015
(269) 979-4800

X _____
Signature of Patient/Client Date

Signature of 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.).

O Patient/Client refuses to acknowledge receipt:

X _____
Signature of Staff Member Date

