

**Janet B. Wright, LCSW  
Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

**Patient/Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy Janet Wright's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Janet Wright at 109 Coronado Court, Building 7, Fort Collins, CO 80526, 1-970-217-3076.

\_\_\_\_\_  
**Signature of Patient/Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature or 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.).

**Patient/Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**