

Jessica Grant, LCSW, LLC

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy Jessica Grant's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Jessica Grant at 736 Whalers Way, Bldg. G, Ste. 200, Fort Collins, CO 80526, 970-556-3063.

Signature of 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