

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Client Name: _____

Date of Birth: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Daniele & Associates' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Daniele & Associates at 630-718-1570.

Signature of 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.).

Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date