

# PSYCHOTHERAPY ASSOCIATES OF CHICAGO PC

## 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 of Psychotherapy Associates of Chicago PC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I may contact Psychotherapy Associates of Chicago PC at the office location listed below.

\_\_\_\_\_  
**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.).

**Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Signature of Staff Member /Date**